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ABSTRACT

This training packet contains materials for predeparture and in-country sessions for Peace Corps volunteers on personal safety and handling of difficult situations. It is divided into three units. Unit 1 includes predeparture and in-country sessions that focus on personal safety issues. It is designed to increase awareness, develop strategies, and examine country-specific safety issues and how to handle difficult social situations. Unit 2 on rape and personal safety has a predeparture session to increase awareness and develop strategies for dealing with rape and an in-country session to make previous strategies country-specific and explore support for victims. Unit 3 is a design for a volunteer workshop on handling difficult situations and peer counseling. It explores current precautions used by volunteers, how they can more effectively handle difficult situations, and support of volunteers using techniques of peer counseling. Components for each session include behavioral objectives, time, teacher preparation, materials needed, procedures, content outline, and handouts. (YLB)

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Peace Corps

PERSONAL SAFETY IN CROSS-CULTURAL TRANSITION

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Linda Spink
Associate Training Spec.
OTAPS 1984

INTRODUCTION

This training packet has been developed in response to direct field requests. The materials have been developed, field-tested, and modified based on participants' suggestions. They may be used as is or with modifications. You are encouraged to review it and, where appropriate, make country-specific adaptations.

The packet is divided into three units. The first one includes pre-departure and in-country sessions which focus on personal safety issues. All trainees will be receiving Session One during CAST/CREST and countries are encouraged to follow up in-country using Session Two.

The second unit includes sessions for pre-departure and in-country training; it deals specifically with rape. Session One of this unit will be offered, upon request, during a CAST/CREST; requesting countries are expected to follow up in-country using Session Two.

The third unit is a design for a 1½-day Volunteer Workshop on Handling Difficult Situations and Peer Counseling. This contains a short introduction to peer counseling; if you would like a more extensive workshop on this subject you are encouraged to look at the Peer Counseling Model developed by Africa's Regional Training Resource Office.

To facilitate duplication of handouts, we have placed all handouts in a separate section at the back of the manual. Please note that the session in which the handout is used is identified in the upper right hand corner of each page.

As with our other manuals, we request your comments and suggestions on how to improve these materials. Please complete the enclosed evaluation form and return it to OTAPS Training Division.

UNIT ONE:

GENERAL PERSONAL SAFETY

Session 1: Pre-Departure Design on Rape and Personal Safety

Behavioral Objectives

At the end of this session participants will be able to:

1. Recognize when someone is at risk of being victimized.

2. Identify and discuss five myths concerning rape.

3. Explain to others five common sense precautions that could reduce the risk of rape.

4. Accurately A) evaluate potential risky or problematic situations in their new host country, B) develop strategies for gathering more information pertaining to this topic, and C) note three possible ways of avoiding potentially dangerous situations.

SESSION I: Predeparture Design of General Personal Safety

Notes/Summary

RATIONALE: Personal safety is a subject which most of us have thought about and discussed with others. Trainees come from a variety of backgrounds and some are more aware than others of when and where their personal safety may be put in jeopardy. Many may not be as aware of the risks to their personal safety or of strategies for reducing these risks.

All trainees, regardless of their background in this area, will be entering a new culture and need to think about how they can take care of themselves both physically and emotionally. When entering a new environment trainees are suddenly engulfed by new sounds, sights, and ways of doing things. Even the smallest task, which in a familiar environment might be accomplished with minimal effort, becomes a major task, causing the trainee a good deal of frustration and anxiety. Under these conditions trainees who may normally be very cautious and aware of personal safety, may find they do not give adequate attention to it. This distraction may increase risks and place trainees in uncomfortable or harmful situations.

The purpose of this session is to help trainees with the process of increasing their awareness and building personal strategies for dealing with situations which may occur. Trainees will begin to look at safety situations during pre-departure training, traveling, and entering in-country training. It is important to note that we are not providing the trainees with a session on how to prevent an assault; there is no blueprint of how that can be done. Instead we are helping them recognize steps they can take which may reduce the chances of a personal assault.

TOTAL TIME: 1 hour 15 min

GOALS: * To increase participants' awareness of personal safety in the U.S. and the host country.

* To begin to develop strategies, guidelines, and attitudes that may reduce the risk of personal assault.

TRAINER PREPARATION:

1. Familiarize yourself with handout 2 "Volunteers' Advice to New Volunteers"

2. Brief country staff or RPCVs on their roles and responsibilities during the optional step covering country-specific information (Step 4b).

3. Review the critical incident (handout 1).

MATERIALS NEEDED:

1. Copies of the critical incident to be used.
2. Newsprint and markers.

HANDOUTS:

Critical Incident (handout 1)
"Volunteers' Advice to New Volunteers" (handout 2)

PROCEDURES:

[5 min] Opening Statement & Goals

1a. Remind trainees that they have been discussing "leavetaking" and entering a new culture. In part this involves learning how to take care of themselves in new social and work situations.

Literature shows that people are more vulnerable during periods of transition or in unfamiliar situations -- they are less attentive to normal precautions and are unsure of how best to protect themselves.

When trainees leave home and enter training they are embarking upon just such an experience; they do not know the city where they are staging, they may not be familiar with or comfortable in large airports, taxis, hotels, or living in a foreign country.

At the same time trainees usually have a strong desire to "fit in" and to be culturally sensitive. In fact, it is this desire which in part helps them to be effective Volunteers.

It is important, however, that Volunteers not carry this desire to an extreme, ignoring common-sense precautions and thereby making themselves more vulnerable.

During this session we will be looking at some safety situations which could occur and how to balance cultural sensitivity with common-sense precaution.

1b. Read prepared session goals.

SAFETY ISSUES [5-10 min]

2a. Mention that by virtue of living in the U.S. most of us are acutely aware of the risks we face on a daily basis. Ask them to quickly list the types of assaults they fear here in the U.S. Record their responses on newsprint.

TRAINER'S NOTE: You will be using this in Step 4a, so be sure they include verbal assault, theft, rip-off, con artist etc.

Ask them how their sense of safety has changed being in a new city for training. Do they feel less secure? Do they feel unsure of whom to trust? Or do they feel more secure?

2b. Explain that feeling a bit less secure in a new environment is natural. Most of us feel safer in our own home towns simply because we know our neighbors, we know which streets are "safe," we have our dogs, locks or home security systems and we know whom to call in case of an emergency. If they were to stay long enough in this city they would learn these same "cultural norms" of safe behavior. However, until they learn these norms they should be very aware of their environment and take precautions to reduce the likelihood of suffering a personal assault.

[30 min]

SAFETY PRECAUTIONS

3a. Stress that there are obviously unpredictable or uncontrollable situations, i.e., unexplainable assaults, but there are precautions most of us can take to reduce the risks we face.

3b. Ask participants to break into two groups (more if the group is too large to work productively), and read and complete the critical incident. They should prepare their advice on newsprint.

3c. Have participants post and compare their advice. Point out similarities and differences; do not go into a lengthy discussion, as this will be done in Step 4c when the country staff representative discusses country-specific information.

[10 min]

3d. Lead a discussion on the following:

* "How did it feel to be giving someone advice on how to be safe in your country?"
* "How were they more at risk than you are?"
* "How much of this advice have you internalized and done unconsciously?"
* "What of this advice is appropriate for you while you are in staging?"

ENTERING YOUR HOST COUNTRY

[15 min]

4a. Post the original list of types of assaults trainees fear in the U.S. Ask the following:

* "Which, if any, of these assaults do you think occur in the host country?"
* "Do you think you will be more or less secure in the host country? Why?"
* "How will the HCN image of Americans influence your personal safety?"
* "On what do you base this?"

4b. Have the country staff representative discuss briefly the problems or lack of problems Volunteers have experienced incountry.

TRAINER'S NOTE: This activity needs to be well prepared with the country staff and presented in a manner that does not offer horror stories or unnecessarily frighten the participants.

4c. Have the country staff representative review the advice given by participants and discuss what, if any, is appropriate for them in the host country.

CLOSURE AND SUMMARY [5-10 min]

5a. Stress that just as they may not want people coming to this country to think they should mistrust everyone and lock themselves in their house, you do not want them to feel unduly fearful or suspicious of their host country nationals. Instead you want them to recognize that, like here, there are good and bad situations and people that they should learn to recognize and avoid. This does not mean they should be culturally rude or insensitive; they need to learn how to balance precaution with cultural sensitivity.

5b. Ask them how they think they can learn to do this. Whom should they talk with when in-country?

5c. Close with any questions they may have and, if appropriate, explain what follow-up sessions there will be in-country.

5d. Distribute the handout 2 on "Volunteers Advice to New Volunteers".

TRAINER'S NOTE: This information is offered to stimulate the participants' thinking about entering their new situation. Encourage them to anticipate their concerns when they enter their host country - how do HCN feel about security, what precautions do they take or not take, what have Volunteers found to be the best precautions, etc.

SESSION II: In-Country Design on General Personal Safety

RATIONALE: As discussed during the CREST/CAST people are more at risk when they are in periods of transition, i.e., moving, traveling, or settling into a new environment. Trainees began to look at their own personal safety and to generate strategies for prevention. Now that trainees have had some experience with the new country, the culture, and hopefully their sites, they are better able to formulate concrete country-specific strategies for dealing with their personal safety.

These strategies will better equip them to prevent specific situations such as theft, robbery, and sexual assault. These are not, however, the only situations Volunteers find to be difficult and possibly threatening. There are awkward and stressful situations which often involve personal and professional relationships. Volunteers often find these are not prevented by taking obvious precautions; instead, they are best dealt with by understanding the cultural aspects of the situations and by personal behavior that is assertive and consistent.

This session helps trainees develop concrete preventive strategies while also developing skills for handling problematic social situations. In addition, trainees will look at non-verbal behavior which might be inconsistent with their verbal messages, and might influence how they are perceived by their communities.

TOTAL TIME: 2 hours

GOALS:

* To provide trainees with an opportunity to look at their new living situations and identify strategies for personal safety.
* To develop effective ways to handle situations which are typically difficult for Volunteers.
* To look at behaviors and how they might be interpreted in different cultures.

TRAINER PREPARATION:

1. Familiarize yourself with the handouts used in this session.

2. If you are not familiar with Assertiveness Training, you should read several of the background articles and/or books recommended so that you will be able to respond to questions and provide examples for the session.

3. Brief country staff or RPCVs on their roles and responsibilities during the session. In particular they should be ready to provide information on how host country nationals handle difficult situations and how they interpret certain behaviors. They should also provide some illustrative situations.

MATERIALS NEEDED:

1. Handouts 1, 2, 3, and 4
2. Newsprint and markers

PROCEDURES:

Opening Statement and Goals

[5 min]

1a. Introduce the session by reminding participants that they started discussing personal safety during the CREST. Review the main points from that session. (See Session I: Pre-Departure Design on General Personal Safety).

1b. Share the goals of the session.

1c. Explain the importance of looking at the country-specific information and making their strategies more appropriate. Link this information to their site visits and preparations for leaving training.

[5-10 min]

1d. Ask them to identify, based on their knowledge of the country, times and situations when they are most at risk, e.g., traveling on public transportation. List these on a flipchart.

Sample Flipchart

* Traveling on public transportation
* Walking on the street in major cities
* Looking for a house
* First time in market
* Arriving to new site late in evening
* Meeting new people

ETC.

TRAINERS' NOTE: This exercise may be done in one group or several small groups, depending on the number of participants.

Appropriate Precautions to Take [10-15 min]

2a. Ask participants to think of specific steps they can take to reduce the risk in each of the situations they listed. Encourage them to be as specific as possible and remember the advice they developed during CREST/CAST.

Examples of steps:
* When traveling on buses, be familiar with the schedules.
* When walking on the street, look like you know where you are going. If lost, don't review the map on the street, go into a cafe or store.

2b. Summarize by explaining that these are precautions that are appropriate in the U.S. as well. If done in small groups, have the groups post the lists and discuss the similarities and differences in strategies.

2c. Ask for any comments from participants and bridge to next activity.

2d. Distribute Handout 1 as a summary of advice given by PCVs to new PCVs.

Handling Problematic Social Situations

3a. Explain that some of the situations they may face as Volunteers cannot be handled by putting a lock on the door or knowing

the bus schedule. Some of the situations will involve interpersonal relationships which may require them to set personal limits and say no. This involves balancing their desire to be culturally sensitive with the ability to assert themselves when appropriate.

[10-15 min]

3b. Distribute and have participants read the two critical incidents, handouts 2 and 3.

3c. Lead a discussion on the following questions:

* How might they feel in the same situation?
* How might they handle it?
* How might they prevent it?

TRAINERS' NOTE: The situations result from the Volunteers' inability to effectively set limits on what is acceptable behavior and what is not. This involves being able to assert themselves. Elicit this information from trainees and use it to bridge to next step.

Reasons Why We Do Not Assert Ourselves

[10 min]

4a. Explain that had Joe and Julie (characters in critical incidents) been able to say no without feeling guilty, or been able to explain what was important for them, the situation may not have grown to be so awkward.

4b. Share with participants some of the reasons why Joe, Julie, and all of us may have difficulty asserting ourselves.

* not wanting to hurt someone's feelings
* wanting to fit in/be accepted
* different expectations
* feeling inferior
* mixed messages being given
* self-doubts
* not knowing how to
* not wanting to appear rude/angry

4c. Have trainees sumarize the results/ consequences of not being assertive.

TRAINERS' NOTE: If you are not familiar with this material, read some of the recommended articles so that you will be able to explain this to participants.

Summary/Notes

Assertion vs. Aggression

[10-15 min]

5a. Explain that there are three ways of handling situations: non-assertively, assertively and aggressively. Each one may be appropriate in certain situations. However, the Volunteer needs to know which one is most appropriate for different situations, and how to act in these different ways.

5b. Explain that there is a difference between asserting oneself and acting aggressively. Many people think that if they are assertive they will be perceived as aggressive. Briefly explain the differences:

ASSERTIVE: Describes occasions in which individuals stand up for themselves in ways that do not violate others' rights. It means respecting oneself, valuing oneself and treating oneself with as much intelligence, consideration and goodwill as any human being deserves.

NON-ASSERTIVE: Giving up one's rights in deference to others.

AGGRESSIVE: Occurs when people stand up for their rights in ways that violate other's rights. Usually results in a put-down of others.

6c. Have participants provide examples of each type of behavior to ensure they recognize the difference.

TRAINERS' NOTE: Participants may feel that aggressive behavior is appropriate in some situations. This is true; however, they should be made aware of the consequences of aggressive behavior as well as non-assertive behavior. Demonstrate that if they wish to maintain, or if they must maintain, a relationship with the person assertive behaviors may be more appropriate. Aggressive behaviors tend to terminate or detract from establishing a mutually respectful ongoing relationship.

6d. Share the handout on Assertive Rights and ask for any reactions. [5 min]

6e. Explain that these concepts are universal. People can be assertive or aggressive in any culture. The components of being assertive may change from culture to culture.

6f. Ask participants to review Joe/Julie's situations and discuss how they might handle the situations assertively.

[15 min]
(if you include role play)

TRAINERS' NOTE: You can have participants role-play the situations with host country input on how they would be received. Be supportive to the Volunteers who role-play and be willing to show how the situations could be handled assertively.

Non-Verbal Behaviors - Their Impact on Our Credibility

7a. Stress the need for non-verbal messages which are consistent with the assertive verbal messages. If a Volunteer is telling someone that he or she does not want to sleep with them, and yet his/her body language or social behavior is incongruent with this message, then the self-assertion is less effective.

Body language and social behavior can only be congruent if Volunteers are aware of what certain behaviors may mean in any given culture. Interpretation of a behavior may be culture-specific.

7b. Explain that participants will now look at some behaviors and how they may be interpreted in the host country.

Have a list of behaviors which may be acceptable in the U.S., but which give off unwanted messages in the host country. (These should be developed by host country representatives. See Attachment A).

TRAINERS' NOTE: These situations need to be very brief (one sentence), and country-specific. They are to be given to the trainees as examples of behavior that they may exhibit and which they should reconsider in light of a better understanding of the host culture's interpretation of these behaviors. See Attachment B at the end of the unit for examples of these situations.

7c. Read these behaviors and lead a discussion on the following points:

[30 min]

* Where would these situations be acceptable?

* How might these behaviors be interpreted in this culture - HC culture - (have country staff help interpret this). It is important to have HCNs discuss whether there are also things host country women avoid doing.

* How would you feel about changing your behaviors in these situations if you thought some of them were culturally inappropriate?

* How can you determine which behaviors are appropriate and inappropriate?

TRAINERS' NOTE: Trainees must be aware that they may need to change behaviors and that in some cases this will involve changing behaviors they have struggled to develop, i.e., independent behaviors. When thinking about modifying these behaviors, it is important for them to recognize the choice involved. Stress that if they choose to modify their behavior they do so knowing that it is a temporary change that will increase their integration into the community; it does not mean a permanent change or a compromise in their self-image or esteem. Should they not feel comfortable making some adjustments in their behavior, they need to weigh the consequences of their behavior and determine if they wish to live for 2 years in this new culture. They have an equal right not to assert themselves or to act aggressively if they feel the need. Again, these behaviors cost the Volunteer something -- people will come to mistrust them, not value their company, etc., if they use these behaviors consistently.

[5 min]

Summary

8a. Summarize what they have discussed to this point:

* Safety is a universal concern.
* Precautions and ways of dealing with safety are culturally specific.
* Social and work situations may be difficult or uncomfortable because Volunteers are not asserting themselves and/or they are sending out mixed messages which complicate the situations.
* Volunteers have the right and the power to change whatever behaviors they choose to change. If they do not choose to change, they need to be aware of the possible consequences of those behaviors.

8b. Close by asking participants to think about what they have learned and how it will influence the way they go about settling into their new communities.

Attachment A

SAMPLE SITUATIONS FOR STEP 7.b

The following are sample situations that in some countries would be inappropriate and would inadvertently send undesired messages to HCNs. When developing situation for your country, be sure to 1) keep them short (one or two sentences) and 2) keep them descriptive. They are not rules, but examples of behaviors that Volunteers need to look at and possibly avoid. The trainees should be able to examine the situation for possible non-verbal messages that are being communicated.

SAMPLES:

1. A female PCV hitchhiking gets into the back of a truck filled with men.

2. A male and female PCV are holding hands while walking downtown.

3. A female PCV lives in a village where a lot of PCVs transfer on their way into the capital. Since this often involves staying overnight, she opens her house to them. As a result she has numerous male Volunteers spending the night at her house.

4. Two female PCVs go to the local bar for a quick drink after work.

5. Several PCVs are dancing and having a good time at the local bar. Some of the women enjoy dancing and have spent the evening dancing and drinking with a couple of the local men.

6. A male PCV goes into the local bar to talk with some friends, and finds he spends the whole evening drinking and joking about women and sex.

7. A female PCV is used to jogging/walking in the early evening hours, so at sunset she takes long walks along the village road.

UNIT TWO:

RAPE AND PERSONAL SAFETY

SESSION I: Pre-Departure Design on Rape and Personal Safety

RATIONALE: Personal safety is a subject which most of us have thought about and discussed with others. Trainees come from a variety of backgrounds and some are more aware than others of when and where their personal safety may be put in jeopardy. Many may not be as aware of the risks to their personal safety or of strategies for reducing these risks.

All trainees, regardless of their background in this area, will be entering a new culture and need to think about how they can take care of themselves both physically and emotionally. When entering a new environment trainees are suddenly engulfed by new sounds sights, and ways of doing things. Even the smallest task, which in a familiar environment might be accomplished with minimal effort, becomes a major task, causing the trainee a good deal of frustration and anxiety. Under these conditions trainees who normally may be very cautious and aware of personal safety may find they do not give adequate attention to it. This distraction may increase the risks too and place trainees in uncomfortable or harmful situations.

The purpose of this session is to help trainees with the process of increasing their awareness and building personal strategies for dealing with situations which may occur. We will be focusing on rape; however, the information gained from this session is applicable to other personal assault situations. It is important to note that we are not providing the trainees with a session on how to PREVENT an assault; there is no blueprint of how that can be done. Instead we are helping them recognize steps they can take which may REDUCE the chances of rape.

TOTAL TIME: 1 1/2 hours

GOALS:

* To increase participants' awareness of issues relating to rape and personal safety in the U.S. and in the host country.

* To develop an awareness of why rape is of concern for both male and female Volunteers.

* To begin to develop strategies, guidelines, and attitudes that may reduce the risk of personal assault.

TRAINER PREPARATION:

1. Familiarize yourself with the "Technical Guidelines for Overseas Medical Staff: Sexual Assault" developed by Medical Services provided as Attachment E to this unit.

2. Brief country staff or RPCVs on their roles and responsibilities during the optional step covering country-specific information.

3. Review the critical incident (handout 1).

4. Prepare a lecturette on facts about rape, which you can use in case trainees have little information to offer during the second activity.

MATERIALS NEEDED:

1. Copies of the critical incident to be used.

2. Newsprint and markers.

HANDOUTS:

Critical Incident (handout 1)
"Myths and Realities of Rape" (handout 2)

PROCEDURES:

[5 min]

Opening Statement & Goals

1a. Remind trainees that they have been discussing "leavetaking" and entering a new culture. In part this involves learning how to take care of themselves in new environments and social situations.

Literature shows that people are more vulnerable during periods of transition or in unfamiliar situations -- they are less attentive to normal precautions and are unsure of how best to protect themselves.

When trainees leave home and enter training they are embarking upon just such an experience; they do not know the city where they will be staging, they may not be familiar or comfortable in large airports, taxis, hotels, or living in a foreign country.

At the same time trainees usually have a strong desire to "fit in" and to be culturally sensitive. In fact, it is this desire which in part helps them to be effective Volunteers.

It is important, however, that Volunteers not carry this desire to an extreme, ignoring common-sense precautions and thereby making themselves more vulnerable.

During this session we will be looking at some safety situations which could occur and how to balance cultural sensitivity with common-sense precaution.

Particular attention will be given to rape; however, the strategies developed during the session will be applicable to other personal safety situations.

1b. State that the overall goal for the session is to help them better understand the issues surrounding rape, their attitudes and feelings about rape, and to begin looking at how to reduce the risk of rape occurring in the host country.

1c. Read the prepared session goals.

TRAINERS' NOTE: It is important when setting the tone for this session that trainees' expectations match what will actually happen during the session. You may want to reiterate that this session does not give trainees a blueprint for preventing rape -- rape may happen to any of us even if we take precautions. This session may evoke strong emotional reactions in trainees, especially if a trainee has had a personal experience

with rape. You can tell trainees that you or some other staff member will be available to discuss this with individuals after the session. Stress that this is only a beginning session to increase their awareness and understanding of rape. There will be more country-specific information provided in-country during the PST.

[10 min]

Information Sharing on Rape

2a. In large group ask for a show of hands of people who have worked with assault victims, crisis counseling, battered women, etc. If any hands are raised, ask them to serve as resources during this session and divide themselves among the smaller groups.

2b. In large group ask the trainees to briefly share what they know about rape.

TRAINERS' NOTE: This is an opportunity for trainees to share what information they already possess. It should address who gets raped, where, why, and the two types of rape: stranger rape and social acquaintance rape. If there is no shared knowledge the trainer should be prepared to provide this information in a short lecturette (see Attachment E).

2c. Summarize their discussion and acknowledge the amount of information they have. Distribute handout 2 and give participants an opportunity to review it; use this handout to dispel any of the myths which may have been mentioned in the previous discussion.

Personal Attitudes and Feelings

[5-10 min]

3a. Make a transition from the intellectual knowledge they possess to their personal attitudes and feelings.

3b. Divide the large group into small groups of five or six (men and women separate). Ask the group to list their personal attitudes and feelings about rape. Each group should select the five strongest attitudes/feelings to share with the large group. have each group select a reporter for their group and write their five attitudes/feelings on newsprint.

Notes/Summary

3c. Bring the groups back together and have the reporters for each group share their five strongest attitudes/feelings. Identify three or four common attitudes/feelings and ask if there were any surprises as they were doing this exercise. [5-10 min]

TRAINERS' NOTE: Separating the groups by sexes gives the trainees an opportunity to share their feelings in a safer setting before they are shared with the large group. There may be some clear differences in the way the two groups deal with the task. If this occurs you may want to point that out to the group.

3d. Now that they have had an opportunity to share some of their attitudes and feelings, ask the trainees to discuss the following question:

Why is rape an issue/concern for men and women? How does it affect both of them?

TRAINERS' NOTE: It is important for the trainees to see that both men and women can be victims of an assault. Likewise, they need to recognize that men, as well as women, play an active role in supporting victims. It is equally important that trainees begin to look at how their behavior toward the opposite sex can be interpreted within a new culture.

<u>Strategies for Dealing with Rape</u>

4a. Break the group into small groups of five or six (mixed male and female). Explain that they will now have the opportunity to llok at guidelines/strategies that could reduce the risk of a rape occurring. [30 min]

4b. Distribute and ask trainees to read the critical incident and discuss the guidelines they would offer. They should put these guidelines on a flipchart and be prepared to share with the larger group.

4c. Bring groups together and have them report on their guidelines. Note any similarities and differences.

TRAINERS' NOTE: It is more than likely that the guidelines generated by the trainees will be general safety precautions which apply equally to situations other than rape. You should acknowledge this and help them to see the importance of protecting themselves from being a target of any type of assault.

4d. Lead a discussion on the following:

* "How did it feel to be giving someone advice on how to be safe in your country?"
* "How were they more at risk than you are?"
* "How much of this advice have you internalized and done unconsciously?"
* "What of this advice is appropriate for you while you are in staging?"

4e. Stress that just as they may not want people coming to this country to think that they should mistrust everyone and lock themselves in their houses, you do not want them to feel unduly fearful or suspicious of their host country nationals. Instead you want them to recognize that, like here, there are good and bad situations and people that they should learn to recognize and avoid. This does not mean they should be culturally rude or insensitive; they need to learn how to balance precaution with cultural sensitivity.

<u>What About In-Country</u>

[10 min]

5a. Have the country staff briefly discuss any information pertaining to rape and other personal safety issues in their country. They should explain that more specifics and training will be given during their PST.

TRAINERS' NOTE: This activity needs to be well prepared with the country staff and presented in a manner that does not offer horror stories or unnecessarily frighten the trainees. It should also stress that this issue will be dealt with again in-country.

5b. Explain that even if we take precautions rape may still occur. Ask the trainees to brainstorm about what information or help would be needed by a rape victim and what information they would want. [5 min]

TRAINERS' NOTE: Record this information on a flipchart. Samples might include emotional and physical support.

5c. Draw the trainees' attention to the fact that if they were assaulted in the U.S. they would most likely know who to contact, to whom they could turn for support and medical help. When entering a new culture, they may need to establish some networks and find out new information for dealing with the situation.

Ask the trainees to look at the list of information and help needed and identify what they will need to follow up on when they arrive in the host country.

Trainees should write this information down in their journals or notebooks so they can return to it during pre-service training.

CLOSURE [5 min]

6. For closure, ask participants to generalize about the session; ask individuals what information they learned during this session, and how they plan to apply it when entering their host country.

Bring closure by referring back to goals to check for goal attainment. Make linkages to next session.

TRAINERS' NOTE: This information is offered to stimulate the participants' thinking about entering their new situation. Encourage them to anticipate their concerns when they enter their host country - how do HCN feel about security, what precautions do they take or not take, what have Volunteers found to be the best precautions, etc.

Session II: In-country Design on Rape and Personal Safety

RATIONALE: As discussed during the CREST/CAST, people are more at risk when they are in periods of transition, i.e., moving, travelling, or settling into a new environment. Now that trainees have been in-country and have had the opportunity to learn more about the host country culture they are better able to formulate concrete country-specific strategies for dealing with their personal safety.

These strategies will better equip them to prevent specific situations such as theft, robbery, and sexual assault. These are not, however, the only situations Volunteers find to be difficult and possibly threatening. There are awkward and stressful situations which often involve personal and professional relationships. Volunteers often find these are not prevented by taking obvious precautions; instead, they are best dealt with by understanding the cultural aspects of the situations and by personal behavior that is assertive and consistent.

This session helps trainees develop concrete preventive strategies while also developing skills for handling problematic social situations. In addition trainees will look at non-verbal behavior which might be inconsistent with their verbal messages, and might influence how they are perceived by their communities.

TOTAL TIME: 3 hours

GOALS:

- To provide trainees an opportunity to look at their new living situation and identify strategies for personal safety in this new environment.
- To look at behaviors and how they might be interpreted in different cultures.
- To increase the trainees' understanding of the emotional needs and reactions of a rape victim.

- To develop effective ways to handle situations which are typically difficult for Volunteers.

- To provide country-specific information on what to do in the event personal assault does occur.

TRAINER PREPARATION:

1. Review session and attached handouts so you are comfortable with the content.

2. If you are not familiar with Assertiveness Training, you should read several of the background articles and/or books recommended so that you will be able to respond to questions and provide examples for the session.

3. Brief other trainers/staff on their roles and expected session outcomes. Be sure to help them develop the role play situation if you choose to do it.

4. Review handouts 3 and 4 to ensure that they are appropriate as country-specific critical incidents for Step 3.b. If you decide to develop your own see Attachment A for Guidelines.

5. Develop 5-7 one-sentence situations for Step 3.f (see samples, Attachment B).

MATERIALS NEEDED:

Country-specific critical incident
Country-specific situational statements
"Case Study on Amy", Attachment C
"Role Play: Supporting a Rape Victim", Attachment D (optional)
Markers/flipchart paper

PREPARED NEWSPRINT:

Session Goals

Handouts:

"Advice to New Volunteers" (handout 1)
Critical incidents (developed or modified by you/country staff) (handouts 2 and 3)
"Common Reactions to Rape" (handout 4)
Assertive Rights (handout 5)
Role Play (optional)

PROCEDURES:

Summary/Notes

Introduction to Session -

1.a. Introduce the session, making the following point: [5 min]

- They began to look at rape during their pre-departure training. This session is a an effort to provide them with more specific information on how to deal with this issue in their new environment.

1.b. Read the goals of the session from a prepared newsprint. Ask if there are any questions.

Looking at Strategies for Personal Safety -

2.a. Ask trainees to reflect back on the CAST/CREST session in which they talked about rape. Remind them that one of the goals was to think of ways to reduce their personal risk. Link the next step to their site visits and knowledge of the host country. [10 min]

2.b. Ask them to identify, based on their knowledge of the country, times and situations when they are most at risk, e.g., traveling on public transportation. List these on a flipchart.

Sample Flipchart

* Traveling on public transportation
* Walking on the street in major cities
* Looking for a house
* First time in market
* Arriving to new site late in evening
* Meeting new people

ETC.

TRAINERS' NOTE: This exercise may be done in one group or several small groups, depending on the number of participants.

Appropriate Precautions to Take

2a. Ask participants to think of specific steps they can take to reduce the risk in each of the situations they listed. Encourage them to be as specific as possible.

Examples of steps:
* When traveling on buses, be familiar with the schedules.
* When walking on the street, look like you know where you are going. If lost, don't review the map on the street, go into a cafe or store.

2b. Summarize by explaining that these are precautions that are appropriate in the U.S. as well. If done in small groups, have the groups post the lists and discuss the similarities and differences in strategies.

2c. Distribute handout 1 as a summary of advice given by PCVs to new PCVs.

Handling Problematic Social Situations

[5-10 min]

3a. Remind participants that in CAST we mentioned two types of assault - stranger and acquaintance. These concrete security measures deal with the stranger type of personal assault. However, assault by an acquaintance is not as easily avoided using these precautions. Instead, trainees may be required to set personal limits, say no and be aware on verbal and non-verbal communication. This involves balancing their desire to be culturally sensitive with the ability to assert themselves when appropriate.

3b. Distribute and have participants read the two critical incidents, handouts 2 and 3.

3c. Lead a discussion on the following questions:

* How might they feel in the same situation?
* How might they handle it?
* How might they prevent it?

TRAINERS' NOTE: The situations result from the Volunteers' inability to effectively set limits on what is acceptable behavior and what is not. This involves being able to assert themselves. Elicit this information from trainees and use it to bridge to next step.

Reasons Why We Do Not Assert Ourselves

4a. Explain that had Joe and Julie (characters in the critical incident) been able to say no without feeling guilty, or been able to explain what was important for them, the situation may not have grown to be so awkward.

4b. Share with participants some of the reasons why Joe, Julie, and all of us may have difficulty asserting ourselves.

* not wanting to hurt someone's feelings
* wanting to fit in/be accepted
* different expectations
* feeling inferior
* mixed messages being given
* self-doubts
* not knowing how to
* not wanting to appear rude/angry

4c. Have trainees summarize the results/ consequences of not being assertive.

TRAINERS' NOTE: If you are not familiar with this material, read some of the recommended articles so that you will be able to explain this to participants.

Assertion vs. Aggression

5a. Explain that there are three ways of handling situations: non-assertively, assertively and aggressively. Each one may be appropriate in certain situations. However, the Volunteer needs to know which one is most appropriate for different situations, and how to act in these different ways. [10-15 min]

5b. Explain that there is a difference between asserting oneself and acting aggressively. Many people think that if they are assertive they will be perceived as assertive. Briefly explain the differences:

ASSERTIVE: Describes occasions in which individuals stand up for themselves in ways that do not violate others' rights. It means respecting oneself, valueing oneself and treating oneself with as much intelligence, consideration and goodwill as any human being deserves.

NON-ASSERTIVE: Giving up one's rights in deference to others.

AGGRESSIVE: Occurs when people stand up for their rights in ways that violate other's rights. Usually results in a put-down of others.

5c. Have participants provide examples of each type of behavior to ensure they recognize the difference.

TRAINERS' NOTE: Participants may feel that aggressive behavior is appropriate in some situations. This is true; however, they should be made aware of the consequences of aggressive behavior as well as non-assertive behavior. Demonstrate that if they wish to maintain, or if they must maintain, a relationship with the person assertive behaviors may be more appropriate. Aggressive behaviors tend to terminate or detract from establishing a mutually respectful ongoing relationship.

[5 min]

5d. Share the handout on Assertive Rights and ask for any reactions.

5e. Explain that these concepts are universal. People can be assertive, non-assertive or aggressive in any culture. The components of being assertive may change from culture to culture.

5f. Ask participants to review Joe/Julie's situations and discuss how they might handle the situations assertively.

[15 min if you include role play]

TRAINERS' NOTE: You can have participants role-play the situations with host country input on how they would be received. Be supportive to the Volunteers who role-play and be willing to show how the situations could be handled assertively.

Non-Verbal Behaviors: Their Impact on Credibility and Safety

TRAINERS' NOTE: This section looks at some behaviors which may be sending undesirable messages in a new culture. It is important for trainees to look at their behavior and understand what they may be telling others about themselves. It is CRUCIAL, however, that this session not result in blaming a victim because of personal behaviors. Remember that rape, whether it is committed by a stranger or an acquaintance, is an act of violence. Victims are not to be blamed, they are to be supported.

6a. Stress the need for non-verbal messages which are consistent with the assertive verbal messages. If a Volunteer is telling someone that he or she does not want to sleep with them, and yet his/her body language or social behavior is incongruent with this message, then the self-assertion is less effective.

Body language and social behavior can only be congruent if Volunteers are aware of what certain behaviors may mean in any given culture. Interpretation of a behavior may be culture-specific.

6b. Explain that participants will now look at some behaviors and how they may be interpreted in the host country.

Have a list of behaviors which may be acceptable in the U.S., but which give off unwanted messages in the host country. (These should be developed by host country representatives. See Attachment A).

TRAINERS' NOTE: These situations need to be very brief (one sentence), and country-specific. They are to be given to the trainees as examples of behavior that they may exhibit and which they should reconsider in light of a better understanding of the host culture's interpretation of these behaviors. See Attachment B at the end of the unit for examples of these situations.

[30 min]

Read the sitations and lead a discussion of the following:

Where would these situations be acceptable?

How might these behaviors be interpreted in this culture - HC culture - (have country staff help interpret this). It is important to have HCNs discuss whether there are also things host country women avoid doing.

How would you feel about changing your behaviors in these situations if you thought some of them were culturally inappropriate?

How can you determine which behaviors are appropriate and inappropriate?

TRAINERS' NOTE: Trainees must be aware that they may need to change behaviors and that in some cases this will involve changing behaviors they have struggled to develop, i.e., independent behaviors. When thinking about modifying these behaviors, it is important for them to recognize the choice involved. Stress that if they choose to modify their behavior they do so knowing that it is a temporary change that will increase their integration into the community; it does not mean a permanent change or a compromise in their self-image or esteem. Should they not feel comfortable making some adjustments in their behavior, they need to weigh the consequences of their behavior and determine if they wish to live for 2 years in this new culture.

They have an equal right not to assert themselves or to act aggressively if they feel the need. Again, these behaviors cost the Volunteer something -- people will come to mistrust them, not value their company, etc., if they use these behaviors consistently.

<u>If a Personal Assault Does Occur</u>

7.a. Remind trainees that all of these strategies and security measures are meant to reduce the risk of personal assault; they are not guaranteed to prevent it. It is good to take precautions; it is equally important to know what to do if something does occur.

Notes/Summary

7.b. Tell participants that you have a case study you want to read to them. Explain that it is a situation in which a female Volunteer is raped and afterwards seeks help from a friend.

7.c. Read the case study, Attachment C, aloud.

7.d. After a moment's reflection ask the trainees to break into small groups and discuss the following: [5-10 min]

What were your responses to this account? What thoughts came into your mind as you imagined these events?

How would you respond if you were the friend who was helping Amy? What would you offer as support?

7.e. Bring the group back together and ask for a few of the initial reactions to the situations. [5 min]

7.f. Ask the group if they thought Amy's actions were typical for rape victims. Have trainees read handout 4. [5 min]

7.g. Stress that the needs are both emotional and physical. It is important to seek support after any personal assault. Talking with someone makes it easier to deal with the situation and sort out what you want to do. Personal friends or country staff are there to support you.

7.h. Now that they have a better understanding of what a rape victim may be feeling and may want in terms of support, ask them to think about how they answered the previous question - How would you respond if you were the friend who was helping Amy?

7.i. Ask the trainees if they feel their initial responses would have been appropriate? How would they change their responses to be more supportive of Amy?

Notes/Summary

7.j. Remember when supporting victims of assault that they are not to be blamed. They need immediate comfort, reassurance, and help in deciding what to do. Make sure you are both safe and then help the person begin to deal with the situation. You may want to reinforce the need for immediate medical attention.

[25 min] optional

OPTION
(See Attachment D)

Instead of Step 7.d. above, have two staff members who are comfortable with the situation role-play providing support to a rape victim. (The PCMO may be helpful in this situation.) They should first role-play the situation where the friend is not supportive. After this situation ask the trainees how the friend could have been more supportive.

From the information offered by the trainees, do a second role play showing the friend as very supportive and helpful.

Discuss the differences and how Amy might have felt during the second role play. Continue on with Step 8.

[10 min]

8.a. Close the session by outlining any country-specific services or policies for dealing with rape. Stress the PCMO's availablity and interest in supporting anyone who experiences an assault.

8.b. Summarize that trainees have lived with the threat of personal assault all of their lives in the U.S. This session was intended to give them some information on how to deal with this issue in their new environment, it was not meant to imply that they were now more at risk. Once they integrate into their communities they will find support systems similar to their own back home -- neighbors who watch out for you and friends to talk over situations you do not understand.

8.c. Ask the trainees to quietly reflect on what they have learned from today's session and how they will use this information. If some are willing, have them share what they have learned.

Attachment A

DEVELOPING A CRITICAL INCIDENT
for Session II, Step 3b.

Here are some helpful hints for developing your country specific critical incidents.

1. Keep a critical incident brief.

2. You want to provide enough information to tell readers who is involved, what has taken place and where, but you don't want to belabor the story with too much detail.

3. Leave the situation unresolved so readers have the opportunity to suggest how they would handle the situation.

4. Critical incidents are best when based on real-life situations. Use your own personal experiences of the country or draw upon other staff to provide this background.

5. Describe a situation in which a Volunteer would face an uncomfortable or possibly threatening experience, then ask the readers how they would handle the situation.

TRAINERS ONLY

Attachment B

SAMPLE SITUATIONS FOR STEP 9.b

The following are sample situations that in some countries would be inappropriate and would inadvertently send undesired messages to HCNs. When developing situation for your country, be sure to 1) keep them short (one or two sentences) and 2) keep them descriptive. They are not rules, but examples of behaviors that Volunteers need to look at and possibly avoid. The trainees should be able to examine the situation for possible non-verbal messages that are being communicated.

SAMPLES:

1. A female PCV hitchhiking gets into the back of a truck filled with men.

2. A male and female PCV are holding hands while walking downtown.

3. A female PCV lives in a village where a lot of PCVs transfer on their way into the capital. Since this often involves staying overnight, she opens her house to them. As a result she has numerous male Volunteers spending the night at her house.

4. Two female PCVs go to the local bar for a quick drink after work.

5. Several PCVs are dancing and having a good time at the local bar. Some of the women enjoy dancing and have spent the evening dancing and drinking with a couple of the local men.

6. A male PCV goes into the local bar to talk with some friends, and finds he spends the whole evening drinking and joking about women and sex.

7. A female PCV is used to jogging/walking in the early evening hours, so at sunset she takes long walks along the village road.

Attachment C

CASE STUDY ON AMY

TRAINER NOTE: Read the following aloud after which you can give the trainees a few minutes to reflect on what they've heard, and then answer the questions in the training design.

Amy's adjustment to her site and country had begun with training and two months at her site. She was doing well with the language and her work. While visiting another Volunteer, the two women joined two men Volunteers for a day at the beach. While the others were swimming, Amy decided to take a long walk.

On her way back a young man appeared suddenly from behind the sand hills, pulled a knife, and asked if she wanted to sleep with him. She thought it was a joke, laughed at him and tried to walk on by. He got very angry, grabbed her, pushed her to the ground, slapping her face and bruising her limbs, tore her bathing suit, and raped her. She reported later that she felt at that time as though she were watching a movie of what was happening. He told her that if she spoke to anyone about this he would kill her and that she should stay in that spot for 20 minutes. She was terrified and lay completely still for a while. When she started to get up, the man reappeared and threatened her again. He told her he would follow her and, if she told anyone, he would rape her again.

Amy lay there what seemed to her a very long time. When she got up the man did not reappear. She felt like vomiting. She walked into the water to clean herself and had a powerful urge to keep walking until she drowned. She was more ashamed than she had ever felt in her life. Gradually, she was able to think about finding her friends. It was embarrassing to walk back to the more populated part of the beach in a torn bathing suit. Her woman friend ran to her as soon as she saw Amy and put her arms around her as Amy muttered what had happened. They found a blanket. In the warmth of the blanket and her friend's arms, Amy sobbed briefly. By the time they found the other two Volunteers, Amy appeared almost calm. As the other woman explained what had happened, the men PCVs looked shocked. When they saw the strangely calm look on Amy's face, one started joking about how he had always wondered what it would be like to have sex with a stranger; the other put his arm around Amy because he noticed her trembling; he was feeling very angry at the attacker.

Amy felt sick again. She wanted to go home to her site. The others weren't sure what to do. One wanted to take her to her site to clean up and get some clean clothes. Amy remembered something from training about contacting the PCMO as soon as possible. One wanted to go to the police right away. Since it was Sunday, the other thought they should all have a good night's sleep and see the PCMO on Monday. They decided Amy should have a medical exam, helped her into her street clothes, got into theirs, and went to contact the PCMO.

Attachment D

ROLE PLAY: SUPPORTING A RAPE VICTIM

Do this role play only if you have training or country staff who are comfortable with the topic and who can help with the discussion afterwards. The role play should be carefully thought out by the staff, using the guidelines on sexual assault contained in Attachment E to prepare the roles.

FIRST ROLE PLAY: This role play should illustrate a friend trying to be supportive but not succeeding at it due to personal anger and lack of understanding as to what the victim may be feeling. This is an example of how not to do something. The second role play will illustrate the supportive friend handling the situation.

Amy: You have just been raped and have sought out your friend for support. You have cried a little but right now you have a calm exterior -- you feel like you may let down later on and need someone to comfort you. Your friend seems very angry and wants to call the police to catch the man; this is the farthest thing from what you want now.

Friend: Amy has just come to you and told you she was assaulted while walking on the beach. You are angry at her for doing such a "dumb thing" and you feel she's lucky she didn't get killed. Obviously you want to help; you think it is important that she go directly to the police so they can catch the guy.

READ CAREFULLY THE TECHNICAL GUIDELINES FOR SEXUAL ASSAULT and prepare for the role. Identify what a supportive friend would do, and for the first role play don't do it.

TRAINER NOTES: Stop the role play after 3-5 minutes and ask the trainees:

* How they think Amy is feeling at this point?

* Do they think the friend is being supportive? Why or why not?

* How might the friend be more supportive?
  Reassure Amy of her safety now;
  Listen more actively;
  Recognize that Amy appears calm but let her know it is okay to let down and cry if she wants to;
  Ask Amy what she wants to do, help her decide what is best to do -- mention the importance of seeking medical support and talking with the PCMO.

SECOND ROLE PLAY: Incorporate into this role play the suggestions of the trainees and others you have picked up from the guidelines on sexual assault, making the friend more supportive to Amy.

PEACE CORPS

TECHNICAL GUIDELINES FOR OVERSEAS MEDICAL STAFF

SUBJECT	DATE	GUIDELINE
SEXUAL ASSAULT	April 15, 1983	445
	SUPERSEDES N/A (New)	PAGE 1

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1. PURPOSE

The purpose of this Technical Guideline is to provide PCMOs, and other staff members, with a basic understanding of sexual assault, and guidance for meeting the medical and emotional needs of Volunteers who have been sexually assaulted.

2. DEFINITION

Sexual assault is forcible sexual activity without the consent, and against the will, of the victim. There always is force or the threat of violence involved. A woman submits out of fear; she does not consent. Most important to remember is that while rape or sexual assault is an overtly sexual act, it is properly considered an act of violence with sex used as the weapon.

In some cases, actual penetration does not occur. Nevertheless, for the woman involved, the trauma is the same, and the victim should receive the same support regardless of whether or not penetration occurred. The terms "rape" and "sexual assault" are used interchangeably in this Guideline. Also, the term she for the victim and he for attacker will be used even though homosexual rapes of both men and women do occur.

3. SEXUAL ASSAULT

The trauma and emotional reactions for both the victim of, and the PCMOs or other staff members dealing with, sexual assault are severe. The victim's need for support is obvious, but frequently the individual called upon to provide this support may feel unprepared for the task. Therefore, information is presented in this Guideline to help staff better understand their reactions to the sexual assault victim, and for the PCMO to provide effective and sensitive treatment.

3.1. Cultural Issues. To provide effective treatment of rape victims, we must assess our own reactions to this crime. These reactions are products not only of our own experiences and personalities, but also of the conditioning and reinforcement of our respective cultures.

Anthropologist P.R. Sanday examined the socio-cultural context of rape in a cross-cultural study of 156 tribal societies. Forty-seven percent of the societies studied were classified as "rape free", 35 percent were classified in an intermediate category; and 18 percent were classified as "rape prone". This indicates that sexual assault is not a universal characteristic of human societies. The incidence of rape varies cross-culturally.

"Rape prone" societies are those whose profiles include interpersonal violence, male dominance, and sexual separation. Rape also occurs more often in those societies where the harmony between

people and environment has been severely disrupted. In the "rape free" societies, on the other hand, "women are treated with considerable respect, and prestige is attached to female reproductive and productive roles. Interpersonal violence is minimized and a people's attitude regarding the natural environment is one of reverence rather than one of exploitation." 1/

In the United States, many of the attitudes and laws concerning rape are beginning to change from viewing the victim as somehow responsible to viewing this act as a crime. Medical care also is improving. However, most Americans have grown up with conscious or unconscious awareness of many common myths concerning rape. The more common of these, along with facts based on U.S. statistics, are listed below:

- Myth - Sex is the primary motive for rape.

  Fact - Studies show that the major motives for rape are aggression, anger, and hostility, not sex.

- Myth - Rape is an impulse act.

  Fact - The majority of all rapes are planned - both the victim and the place.

- Myth - Rape usually occurs between total strangers.

  Fact - Studies show that in most cases the assailant and the victim are acquaintances, if not friends or relatives. In many cases, the assailant has had prior dealings with the victim, for example, he may be an ex-boyfriend, a neighbor, a friend of a friend, a maintenance man, or a co-worker.

- Myth - Women who are raped are asking for it. Any woman could prevent a rape if she really wanted to since no woman can be raped against her will.

  Fact - In about 87% of all rapes, the rapist either carried a weapon or threatened the victim with death. The primary reaction of almost all women to the attack is fear for their lives. Most women, even if not paralyzed by fear are physically unable to fight off a sexual assault. Submission does not imply a desire to be assaulted.

- Myth - Only young, good looking girls get raped.

  Fact - The average age of victims is between 19 and 26 years old. However, victims have ranged in age from 6 months to 97 years.

1/ P.R. Sanday, "The Socio-Cultural Context of Rape: A Cross-cultural study, Journal of Social Issues, Vol. 37, No. 4, 1981, 5-27.

o Myth - Mode of dress, such as short skirts, no bra, etc. increase a woman's chance of being raped.

Fact - Any woman regardless of dress, age or attractiveness may become a rape victim. Rapists are not out for sexual gratification and most are not sexually aroused at the time of the assault.

o Myth - Rape cannot happen to me.

Fact - Rape can happen to all women, regardless of age, social class, race or personal appearance.

It is important to be aware of these myths and the facts because most Volunteers will have to resolve these attitudes in dealing with themselves, or others, as victims.

Each country carries its own cultural attitudes about rape. It is crucial that both the Medical Officer and any other staff who might deal with the rape victim be aware of both the myths and the realities of their own culture. These include views about "Western woman", such as "all Western women are promiscuous" or "Western women come to our culture because they want to make love with us." As powerful as these cultural myths is the old medical myth that a healthy adult woman cannot be forcibly raped with full penetration of the vagina unless she actively cooperates. This myth does not consider the emotional reactions, such as fear and panic, or logical reactions, such as submissiveness, to protect life. The use of weapons, fists, or threats by the offender are not acknowledged in this myth. Each Peace Corps Volunteer rape victim has reported the fear of being killed at the time of assault. This is the primary reality to keep in mind when preparing to treat a victim of sexual assault. She has just experienced a terrifying sense of helplessness with thoughts of losing her life.

3.2. Motivations for Sexual Violence. To appreciate what the victim experiences, the probable motivations of the offender must be understood. The rapist is commonly portrayed as a lusty man who is the victim of a provocative woman, or he is seen as a sexually frustrated man reacting under the pressure of his pent-up needs, or he is thought to be a demented sex fiend harboring insatiable and perverted desires. The misconception common to these views is that they all assume the offender's behavior is primarily motivated by sexual desire, and that rape is directed toward gratifying only this sexual need. To the contrary, clinical studies of offenders in the United States reveal that rape serves primarily nonsexual needs. It is the sexual expression of power and anger. Forcible sexual assault is motivated more by retaliatory and compensatory motives than by sexual ones. Thus, "rape is a pseudo-sexual act, complex and multidetermined, but addressing issues of hostility (anger) and control (power) more than passion (sexuality)."1/

1/ A. Nicholas Groth and H. Jean Birnbaum, "The Rapist; Motivations for Sexual Violence," Mc. Combie, Ed. The Rape Crisis Intervention Handbook; a Guide for Victim Care, New York, Plenum Press, 190, p.18

In their work with American sexual offenders, Groth and Birnbaum conclude:

> "Rape is always a symptom of some psychological dysfunction, either temporary and transient or chronic and repetitive. It is usually a desperate act that results from an emotionally weak and insecure individual's inability to handle the stresses and demands of his life...the majority of such offenders are not psychotic—nor are they simply healthy and aggressive young men 'sowing some wild oats.' The rapist is, in fact, a person who has serious psychological difficulties that handicap him in his relationships with other people and that he discharges when he is under stress, through sexual acting out. His most prominent defect is the absence of any close, emotionally intimate relationship with other persons, male or female. He shows little capacity for warmth, trust, compassion or empathy, and his relationships with others are devoid of mutuality, reciprocity, and a genuine sense of sharing. 1/

In trying to understand the dynamics of rape of Peace Corps Volunteers by non-American attackers, we have little information about rapists in the context of other cultures. Anthropological studies indicate that rape is overlooked, tolerated, or even affirmed in some cultures. In addition, the act of cross-cultural rape may include political, racial and/or ideological factors in the retaliatory and compensatory motives described above.

3.3. Patterns of Sexual Violence. To implement preventive measures and treat the victim, the patterns of rape must be understood. Groth and Birnbaum describe three patterns of rape: (1) the anger rape in which sexuality becomes a hostile act; (2) the power rape in which sexuality becomes an expression of conquest; and (3) the sadistic rape, in which anger and power become eroticized. Victimized Peace Corps Volunteers have described all three patterns in their attackers.

Burgess and Holstrom have classified rape based on the assailant's method of attack. The two main styles are: blitz rape (also called stranger rape) in which victims are singled out for a sudden, surprise attack (on the beach, on a street, approaching her home, asleep in her bed) and confidence rape (also called acquaintance rape) in which the assailant gains access to the victim under false pretenses by using deceit, then betrayal, and often violence. This includes examples of many attacks where the attacker is known to the victim. He may be a neighbor, an acquaintance, a date, a friend, or a relative. Many women, including PCVs, have a much harder time reporting confidence rape because they blame themselves for trusting the assailant.

3.4. Coping Mechanisms During Rape. Burgess and Holstrom also have studied the victim's coping behavior at three points relative to the attack: during the early awareness of danger, during the attack

1/ Groth and Birnbaum, p.21 51

itself, and after the attack. This ability to react often depends on the amount of time between the threat of attack and the attack, on the type of attack, and on the type of force or violence used. Initial strategies include verbal tactics, such as conversation, joking or screaming, and physical action, such as struggling, biting or kicking. If these fail, the coping task of the victim is to survive the rape despite the demands forced upon her such as oral, vaginal, and/or anal penetration.

Victims often cope during the rape itself by mentally distancing themselves from the reality of the event. Volunteers have described the whole range of internal defense mechanisms used to cope psychologically with the fear produced by attack: denial ("this isn't happening to me"); disassociation ("I felt like I was at a movie watching it happen to some one else"); suppression ("This will be over in a few minutes; it's not the end of the world"); rationalization ("This poor man, he looks desperate, is this the only way he knows to get sex?"). Not all coping behavior is voluntary and conscious. Some screaming and yelling is involuntary, and victims have also reported physiological responses of choking, gagging, nausea, vomiting, pain, urinating, hyperventilating, and losing consciousness.

The stressful situation is not over for the victim when the actual rape ends. She must alert others to her distress, escape from the assailant, or free herself from where she has been left. Victims always are hopeful that someone will come to their aid, and they may spend time concentrating on how to obtain help. One Volunteer's fear and loneliness were heightened by the fact that passersby did not respond to her cries for help. However, after the attack when she was able to run to a group of workers, she was eventually able to convince them of her need for assistance.

By listening for the coping behaviors of the victim during the attack, the PCMO or other helper can have a therapeutic effect. Identifying the coping behavior tells the victim her behavior functioned as a positive adaptive mechanism to allow her to survive a life-threatening situation. This also helps alleviate some of the guilt suffered by victims who tend to think, "I did not do enough — I could have done more." Affirming the coping behavior also reinforces a positive sense of self-esteem and worth. Appreciation of the fact that the victim has successfully managed to survive a life-threatening assault is a positive beginning to her long-term process of coping with the aftermath of rape.

3.5. Aftermath of Rape. Following a rape or assault, a woman may experience a whole range of feelings or reactions. These may vary depending on background, personality, race, class, culture, age and her attitudes toward self, body, aggression, and sexuality. These immediate physical and emotional reactions may last for a few days or for a few weeks and usually overlap with the more long-term reactions that follow.

3.5.1. Common Emotional Reactions. The following are some of the feelings that are common among rape victims:

- o Fear - fear of being alone
  - fear of the assailant returning
  - fear of pregnancy or venereal disease
  - fear of others finding out, fear of what they will think of her.
  - fear of things and places which remind her of the attack.
  - fear of men, of dysfunction in future relations with men.
  - fear of children being attacked.
- o Helplessness - feeling that her privacy and right to choose have been denied her.
  - feeling of loss and emptiness
  - feeling unable to change the situation, unable to stop crying or to stop reliving the experience, unable to fight back.
  - feeling of having to put herself in others' hands.
- o Guilt - for having "caused the assault
  - for not fighting back
  - for being "stupid" enough to get into that situation.
  - for all the reactions she's having.
- o Shame, embarassment - feeling degraded, filthy, depersonalized
  - feeling everyone looks at her and judges her.
- o Betrayal - feeling wrong for having trusted, been friendly, been open.
- o Anger - at herself for letting it happen
  - at the rapist - wanting to kill, castrate, or humiliate him.
- o Wanting To Forget It - to deny it happened
  - to not make a fuss over it
  - to get on with daily business
- o Disruption Of Normal Sex Life - difficulty in expressing affection
  - difficulty in trusting men
  - experiencing flashbacks of attack
  - difficulty allowing the vulnerability that intimacy requires

3.5.2. Common Physical Reactions. Some physical reactions a woman may have in addition to the injuries she may have received are:

- o General soreness
- o Loss of appetite
- o Nightmares
- o Tension headaches
- o Gynecological and urinary tract problems
- o Inability to sleep
- o Nausea, stomach pains
- o Waking up during the night and being unable to return to sleep
- o Fatigue

3.6. Stages of Emotional Reaction. As noted above, the immediate physical and emotional reactions usually overlap the more long-term reactions. The longer term reactions may be classified into three distinct phases. An understanding of these phases has many implications for the treatment of Volunteer victims.

3.6.1. Phase I: Acute Reaction. This first stage, lasting from a few hours to a week, is characterized by feelings of numbness, a state of shock, terror, disgust, a sense of powerlessness, and humiliation. The victim is seen in a disorganized, emotionally active state, weeping, distraught, unable to think clearly or the victim is emotionally contained with only occasional signs of emotional pressure, such as inappropriate smiling and increased motor activity.

Initially, this turmoil of emotions may be too overwhelming for her to be able to single out, identify or recognize. Instead, she feels numb, confused, and is unable to express her feelings clearly. Any apparently calm demeanor should not be mistaken for evidence that the rape did not occur or that she is unaffected by it. Other victims may handle these overwhelming emotions in other ways. They may be hysterical — crying, laughing, screaming. Laughter should not be taken as a sign of levity — it is one reaction to severe anxiety. In these more vocal reactions, the victim may or may not be able to express her feelings clearly, but the emotions are closer to the surface.

3.6.2. Phase II: Outward Adjustment. This second stage, which begins about two weeks after the rape, involves the attempt by the victim to return to normal routines and place the rape in the past. This stage is often characterized by the victim not wanting to discuss the attack.

After the inital shock and chaos of the rape experience has subsided, the victim enters into a period of outward adjustment. At this time she has returned to work or school, and is getting back to the normal routine of her life. She begins to resist talking about the rape, insists that it is in the past, and wants only to forget about it. Although

this closure is premature, and all feelings have not yet been expressed or understood, it is in part a healthy defense - a wish to return to normalcy.

3.6.3. Phase III: Integration and Resolution. This third stage may begin anywhere from one month to many years after the rape.

With appropriate support, the victim has found ways to integrate this trauma into her life experience. While, in general, she may have reached her pre-crisis level of functioning, she may have times of feeling again the old unresolved feelings about the rape. Sometimes her previous adjustment is shattered by a reminder of the rape — seeing the assailant in court or on the street, passing the scene of the crime. Unresolved feelings may recur following an unhappy life change such as a divorce, or several months or years of sleepless nights may finally cause the victim to decide to seek help. From their experience counseling rape victims, McCombie and Arans report that rape work, like grief work, takes approximately two years to complete, in the psychological sense of integration and resolution.

4. TREATMENT OF SEXUAL ASSAULT VICTIMS

Awareness of the complex feelings evoked in the rape victim leads to the realization that the first people with whom she has contact after the rape can make a dramatic difference in the way she sees herself and the event. If PCMOs and other staff and Volunteers understand this, they are more likely to be able to offer the supportive responses the victim needs.

4.1. Reporting the Assault. In reporting a rape and discussing what happened, the Volunteer will seek out someone she trusts and from whom she expects support. All staff, especially PCMOs, should be capable of fulfilling this role. If the immediate support is being provided by a staff person, other than the PCMO, the Volunteer and/or the support person should seek medical help from the PCMO as soon as possible. In seeking help, the Volunteer is making a statement about her capacity to cope and her willingness to receive help.

It is imperative that all Volunteers report to the Medical Officer all cases of sexual assault due to the pheonomenon of "silent rape reaction." Silent rape reaction (a concept introduced by Burgess and Holmstrom) may be defined as the psychological reaction of rape victims who have not told anyone about their experience, who have not resolved their feelings about the rape, and who are carrying a tremendous emotional burden. These women exhibit symptomatic behavior such as persistent loss of self-confidence and self-esteem, phobic reactions, psychosomatic concerns, social withdrawal, etc.

Many of these Volunteers have significant emotional difficulties. Some of them also had physical problems either not attended to, or inadequately treated by non-Peace Corps physicians. Consequently,

they ultimately were medically evacuated to Washington where they saw our counselors. One of our counselors reports that, in the context of counseling about other presenting problems, half of those who had also been rape victims had not reported the assault to Peace Corps staff, including the Medical Officer. Some of the reasons for this reluctance include guilt and self-blame, denial, shame, and the confidentiality problems of the Peace Corps community. The counselor also observed that the women were more likely to report the attack if the assailant was a stranger and if there was bodily injury.

4.2. Immediate Intervention. Given the feelings common to women who are sexually assaulted, it is obvious that both immediate physical and emotional support are imperative. When a Medical Officer, or staff member learns that a Volunteer has been raped, immediate medical care and emotional support, must be provided. The Medical Officer should go to the Volunteer immediately. In the meantime, assure that someone is with the Volunteer until you arrive. Another Volunteer, a host country friend or supervisor, a boy friend, or spouse can provide the necessary companionship until you arrive. If the Volunteer must travel to reach you, she should not travel alone.

The PCMO's responsibility in this initial contact is to attend to the immediate emotional and physical needs of the victim; not to determine whether the patient has been raped. While other staff may have a supportive role in the care of the victim, the PCMO must ensure that the patient receives adequate care as outlined below. This relationship with the PCMO provides the victim with a consistent, predictable, and trustworthy person who will impart acceptance, understanding and respect. This is the first effort at repairing and restoring the victim's integrity so recently invaded and undermined.

The PCMO should:

o Assist the Volunteer in assuring her physical safety

o Provide psychological support and reduce mental stress with a calm, nonjudgmental, warm relationship, help victim identify persons she would find supportive and anything she would find comforting.

o Attend to her physical needs:

- obtain the medical history and observations of physical and mental injury.

- provide warm drink or soup (reassuring physical routine)

- after medical observation and also medical examination, if possible, offer a warm tub bath or shower and a change of clothing (tension reduction, psychological cleansing).

Reduction of anxiety and fear will be demonstrated by a decrease in the victim's behaviors mentioned earlier - shaking, trembling, crying, handwringing, as well as by being able to talk about the decreased feelings. Loss of control is an issue for anyone needing

emergency care. There is the obvious risk that the feelings of helplessness sustained by the victim during the assault could be compounded by your initial reactions.

Restoring control to the victim begins by honoring her crisis requests.

For the rape victim, having a consistent helper to whom to relate will go far to decrease the confusion inherent in an emergency medical situation, in which every new face may be perceived as a potential rapist. A calm, non-judgmental caring demonstrated by the PCMO will help to diminish the intense anxiety the victim experiences. Then, the victim's ability to understand the treatment and the reasons for it will be considerably increased.

4.2.1. Medical Examination. The medical examination should take place as soon after the rape as possible. The primary purpose of the medical examination is for medical care of the patient. The secondary purpose is for legal actions if the victim wants to pursue those and the medical officer considers those appropriate to pursue in the context of that culture and country.

The patient's physical condition should be stable before any attempt is made at medical evaluation. The history and examination should be pertinent to the medical care of the patient and to the collection of evidence and include:

- o Time and date of examination
- o Time and date of reported rape
- o Incident report, in patient's words, including time, place, circumstances, violence, threats, sex acts, etc.
- o Medical history
- o Emotional state
- o Physical examination, including all signs of external trauma and appearance of patient.
- o Pelvic examination, including signs of trauma along with description of pelvic organs.
- o Cervical/anal/oral smears and culture for gonorrhea, PAP smear, VDRL, and, if necessary, microscopic exam for sperm identification and motility.

4.2.2. Psychological Evaluation. At all visits, the psychological condition of the victim should be evaluated.

- o Provide factual information about the reasons for the examination and various treatments.

- o Offer calm acceptance of the victim's range of feelings, and reassurance that these are normal after the trauma of rape.

o Identify the patient's support systems, both formal and informal.

o Offer counseling by a trained person, if available.

o Offer support or counseling to any companion of the victim who may be feeling guilt, anger, and anxiety. If the victim is married, it is essential to offer counseling to the mate.

o Offer medical evacuation for counseling, for recuperation, and for considering early termination, completion of service or for preparing to return to country. (See Paragraph 4.4. below.).

4.2.3. Medical Treatment. All physical injuries should be treated by the PCMO, as appropriate. In addition, the following actions should be taken.

o Prophylaxis for Sexually Transmitted Disease (STD). Many experts recommend routine prophylaxis with appropriate antibiotics aginst STD in rape victims. Such treatment should prevent both syphilis and gonorrhea, and may be especially appropriate in countries where reliable cultures for gonorrhea and serologies for syphilis do not exist. In addition, this treatment may serve an important reassurance function for the victim. Following are effective therapies (oral therapies are preferred in this situation because of their less traumatic effect):

TETRACYCLINE HCL, 500 mg 4 times a day for 7 days.

OR

AMPICILLIN 3.5 grams orally stat and 1 gram PROBENECID orally at the same time.

Serology for Syphilis (VDRL, RPR) and appropriate cultures for gonorrhea should be obtained one (1) month after thearpy to assure adequacy of treatment.

o Prophylaxis Against Pregnancy. Overall, the risk of pregnancy resulting from a rape is low (1%). However, the chance increases if the event occurred during the "fertile period" of the menstrual cycle. Obviously, women with an IUD in place or using oral contraceptives have only a remote chance of becoming pregnant. In any case, a pregnancy test should be given at the time of the assault (to rule out previous pregnancy) and 6 weeks later. Use of "morning after" medication (e.g., DES, Premarin, Ovral, etc.) has not been approved in the United States and is, therefore, not recommended.

4.2.4. Emotional Support. Regardless of the victim's behavior she will need immediate emotional support. The PCMO or other staff member should find a quiet, private place and begin to

encourge the victim to talk. Listen carefully and notice how she acts. Her body language will give clues to how she feels. The following are suggestions for helping the victim talk about her experience.

- o Encourage her to tell you what happened. Start with general questions. Gradually move to more specific ones about the circumstances before, during, and after the assault, the assailant, any conversation that took place, the sexual details, physical and verbal threats, whether there was a struggle, alcohol or drug use (by assailant or victim) and her reactions. Find out about her social network and whether she's been supported or not.

- o Understand; do not blame. Blaming and judgmental attitudes will interfere with the helping process. She needs and deserves confirmation that she has been assaulted. Support the fact that she was victimized.

- o Share her pain. Let her know she's no longer alone. It will emotionally strengthen her.

- o Encourage her to keep talking. Through it she will gain perspective and help herself. If she is not verbal and her style of expression is hard to understand, try to avoid getting frustrated - silence communicates, too. Allow periods of silence.

- o Let her cry if she needs to. This is a grieving process. She's been hurt but she's also probably lost a sense of safety and security and thus a way of life. That is a severe loss to some.

- o If appropriate, reassure her. She will need to be told it wasn't her fault. Assure her that she can get through this. If she took risks, assure her that she can avoid risks. Clarify and define her feelings. She may not be able to discriminate. Let her know her feelings are normal in these circumstances.

- o Recognize her fear, and respect it. She needs it, especially if threatened. It is realistic. Teach her to be afraid constructively.

- o Recognize her rage and help her to respect it. The rage is at being impotent and helpless. It should be directed at the assailant. It will be slow in coming because it is usually constricted. To assist, you may need to express anger at the assailant. Encourage her to express her fantasies of retaliation. The expression of rage in a constructive way gives her a sense of control and power in her life.

- o Know that it will take time for her to get over this, but that she can learn to live with it. Tell her this.

- o Recognize and support her strength every step of the way (e.g., her coping mechanisms during the assault, her getting help).

4.3. Intermediate and Long-Term Care/Recovery. Burgess and Holstrom characterized the first few hours and days following a sexual assault as being a period of disorganization in the victim's life.1/ As indicated in the above paragraphs for her everything has changed. The process of reorganization, then, characterizes the intermediate and long-term periods of recovery from a sexual assault. To assist the victim into this phase, the PCMO should:

- o Continue to help her work through the experience by following the guidelines for emotional support listed under the immediate help section. Offer professional counseling, if available.

- o Begin to assist her in making her own decisions. She needs to reorganize her own life, starting with the small decisions, such as what to take with her to the capital and where to stay. But she will probably need assistance.

- o Gradually begin to discuss options with her.

  - should she early terminate and go home?
  - should she change sites or countries?
  - does she need vacation time to consider what to do next?
  - does she want to go to Washington for additional medical or psychological support?
  - does she want her family or friends notified?
  - is there another Volunteer in the country who could provide companionship and support who should be notified?

4.4. Medical Evacuation. The offer of medical evacuation to Washington is important. Our experience in counseling rape victims indicates that within a few days after their arrival in Washington there appears to be a visible decrease of anxiety and an easing of tension. This may have to do as much with the comfort and familiarity of one's own culture as with the professional help.

The work of Isaiah Zimmerman with American prisoners-of-war, indicates that following violence and emotional trauma, victims do best with a neutral time and space that is a kind of buffer zone between the violence and getting back to families and/or life as usual. He suggests at least one to three weeks for psychologically processing the experience. Most important to this process is immediate reconnection with the positive network in order to disconnect from the traumatizing network.

1/ "Rape Trauma Syndrome," American Journal of Psychiatry, September, 1981

In terms of Peace Corps, this means that the sense of belonging to the Peace Corps community (reinforced by the PCMO, other staff and Volunteers) can be most therapeutic. The Peace Corps affiliation is healing not only because it offers group identity at a time when the victim's identity is temporarily disorganized, but also it offers the victim "good" people to counter her experience with a "bad" one(s). If she chooses medical evacuation, this reaffiliation process is continued through her contacts with the other medevacs and the medical staff. Several times, rape victims in Washington have had the opportunity to share with other medevacs who were also rape victims and found this sharing most helpful.

In offering medical evacuation, it is important to both encourage the Volunteer to take advantage of this opportunity but also to respect her need for self-determination. One rape victim reported refusing her PCMO's offer of medical evacuation, feeling determined to "tough it out" and carry on with her responsibilities. After about two hours she changed her mind, sensing that she was emotionally and physically exhausted and that she would appreciate counseling in Washington. In her case, the counseling was completed in two weeks, and she chose to return to her country. This is a reminder to offer plenty of time for the victim to make her decision about medical evacuation. While medical evacuation is not essential to recuperation, our experience with rape victims and the work of Dr. Zimmerman, mentioned earlier, indicate that this brief return to one's own culture greatly facilitates the healing and emotional reorganization. Thus, medical evacuation should be encouraged.

4.5. Continuing Service. Whether counseling is provided in country or in Washington, the PCMO also has the responsibility to be aware of the long-term effects of rape if and when the victim chooses to stay or return to country. Considerable care should be taken with her in planning whether to move to different housing and/or a different site. Since it is possible and normal for rape victims to experience periodic anxiety for several months after the trauma, the PCMO or other support person should be available to listen to the Volunteer's feelings, consider with her the realities, and offer reassurance of help in changing the situation. Any trauma carries the potential for an anniversary reaction around the same time the following year.

4.5.1. Intermediate/Long-Term Emotional Reactions. As noted earlier, reactions to sexual assault vary. However, there are a number of common reactions which may recur for weeks or even months after the attack, including:

- o A need to change residence in order to ensure personal safety.
- o A need for support from family or close friends.
- o Difficulty in sleeping, often caused by nightmares recalling the events leading up to the assault.
- o Fear that the assailant will return.
- o Fear of crowds but also fear of being alone.

- o Fear of being either indoors or out-of-doors, depending upon where the rape occurred.
- o Fear of sex or lack of sexual desire.
- o Periods of depression or anger.
- o Feelings of guilt.
- o Feelings of being damaged or unclean.
- o Feelings of paranoia that others are talking about her or laughing at her.
- o Feelings that she can't trust anyone, particularly men.

Once again, the Volunteer should be assured that her feelings normal. She should be encouraged to regain control of her life. As she does so, she should begin to experience a lessening of her fears and begin to accept that the rape has occurred and that it can be placed in perspective along with other bad things that occurred in her life.

4.5.2. Responses of Others - Denial, Blame, or Anxiety. Many of the rape victims we have counseled in Washington have been particularly worried about what to say when they return to country and how to handle the reactions of people who know about their experience. Since we try to resolve this during the medical evacuation, it would be useful for the PCMO to review these decisions with the PCV when she returns. It is assumed that the utmost care has been taken in observing medical confidentiality and that the privacy of the Volunteer has been respected. It is particularly important that all non-medical staff be aware of the confidentiality requirements.

It is helpful to remember that we all react, at some level, with anxiety upon hearing about violence and sexual assault. Knowing about such an event shakes the usual defenses we utilize to feel safe and proceed with undue anxiety in our daily lives. News of an accident or brutal assault makes us realize how close the possibility of such misfortune can be. Thus, one common response is denial, downplaying the trauma, telling the victims things really aren't so bad. Another common response to a victim is to focus on what went wrong, what she might have done differently or what mistakes she made. This is a way of reassuring ourselves that there is a way to prevent violence — that we could avoid such trauma. It is useful for a victim to review her behavior and to understand the circumstances that allowed her to become a target for a disturbed person's brutality. However, rape victims generally are so self-recriminating that they need no encouragement in this process and certainly no additional judgment.

When they are upset or angered by others' responses (such as "it was foolish to jog alone," "you know you are not to walk alone on the street," "why didn't you leave the beach if you thought those men looked suspicious?"), it may be helpful to

review the above dynamic with them, explaining that people who respond in such a way probably do not mean to judge as much as they need to deal with their anxiety about the event. Some men who respond with criticism or judgment of the victim may also be dealing with their own anxiety about such aggressive use of sexuality by their gender. On the other hand, men who are able to respond with sensitivity and understanding can have a particularly healing effect on the victim.

Two Volunteer rape victims reported dreams during their medevac counseling with a similar theme. In both dreams, a kind host country national male came to the victim with words of encouragement, reassurance and affection. The dreams seemed to be a mental "undoing" of the rape trauma, an experience of a "good" host country male to counter that with the "bad". They were also signs of the victims' integration of negative experience and the healing provided by a loving response.

5. LEGAL CONSIDERATIONS

Many countries require victims to report the commission of serious crimes involving bodily injury. In such cases, the interests of the country as well as the individual are concerned since the assailant may have attacked others in the past and may do so again in the future. In working with a Volunteer who has been sexually assaulted, such host country requirements should be taken into consideration. PCMOs should, however, clearly differentiate in their discussions with the Volunteer between any such reporting requirements and a further decision to assist the police in the prosecution of the assailant. This latter decision is clearly the choice of the Volunteer. In making it, the Volunteer should be counseled by the PCMO about the following considerations:

- o Whether persecution of the assailant may ultimately hurt the victim further by forcing her to publicly relive the incident.
- o Whether cultural attitudes toward the victim will make public acknowledgement in a court room setting doubly painful, especially under rigorous cross-examination.
- o Whether police and prosecution attitudes may be unsympathetic and even accusatory.
- o Whether the victim may be required to remain at her site or in country while a trial takes place, raising questions about her physical and psychological welfare.

In addition, the Volunteer should take into account the fact that the Peace Corps is only authorized to provide legal counsel to Volunteers under limited circumstances. The General Counsel's office has been advised by the Department of Justice that in cases where the Volunteer elects to bring charges against an individual as the result of the commission of a crime, including rape, retention of counsel to assist in such an effort is legally

restricted to situations where the impact of prosecution transcends the interests of the individual Volunteers and truly affects the interests of the Peace Corps program. Any attorney whose retention is authorized under these circumstances could only advise the victim prior to her court appearance and assist the prosecution in the preparation of the case. He or she would not under any circumstances be able to appear in court at the trial or in connection with pre-trial matters. Thus, the legal assistance which can be rendered will be very limited. The PCMO should contact GC to obtain authorization in the event such a course is contemplated.

6. ADMINISTRATIVE PROCEDURES

6.1. Reporting - Medical Operations/Washington should be notified immediately of all rapes, via the A-250 Case Card.

6.2. Medevac - If a Washington consultation is indicated, the Office of Medical Services should be contacted as much in advance as possible. In addition to the Volunteer's arrival time, please provide information on the Volunteer's emotional and physical state. Follow normal medical evacuation procedures.

7. TRAINING

7.1. Staff Training. With the help of this guideline, country staff have an opportunity to develop an increased awareness of the effects of sexual assault, identify the attitudes of their own culture(s), and explore their feelings concerning sexual assault. Any persons with special training or interest in crisis counseling should be identified as resources for the PCMO. In addition, the Medical Officer should identify the local physicians and trained counselors, if any, to be used in time of a sexual assault crisis. Perhaps most important is a consensus among staff members about how to preserve medical confidentiality and respect the privacy of the victim, in the midst of the anxiety, anger, and denial that often surface in times of crisis.

7.2. Volunteer Training. Volunteers are warned of the dangers of rape by Medical Services nurses at stagings. In early training and again after about six months in country, sessions for both men and women should be given covering country-specific male/female role expectations and attitudes about Volunteers, including what exceptions are made for them and what is believed about their sexuality and the reasons for their presence in the country. A review of cultural do's and don'ts such as behavior on the street, dress, and areas considered off-limits for women can help trainees understand what might lead to sexual misunderstandings and what things might make them particularly visible targets for an attacker. While it may be useful to have some discussions in separate groups for men and women, it is important to have much of the training in mixed groups so that men as well as women are aware of the special risks for women.

The work of another of our counselors with Volunteers concerning rape prevention indicates that the women learned best from watching host country women role play their behaviors handling verbal, visual, and physical harassment on the street. For many American women, cultural adaptations may require major adjustments in attitude and behavior. They may experience recommendations that limit their personal freedom. Weighing the risks, advantages, and disadvantages of conformity to expectations is a crucial part of training not only for effective service but also for effective health care.

At the same time that cultural adaptation is stressed in order to reduce visibility and aggravation of local mores, it is important not to create another rape myth — that all Volunteer rape victims have been careless or culturally inappropriate. Sexual assault has occurred to women asleep in their homes, on their way home from work, and when walking with friends. Sexual assault can occur wherever violence erupts. Preventive measures only reduce the likelihood of being an obvious target for violence.

UNIT THREE

VOLUNTEER WORKSHOP
ON
HANDLING DIFFICULT SITUATIONS
AND
PEER COUNSELING

TITLE: Volunteer Workshop on Handling Difficult Situations and Peer Counseling

RATIONALE: Volunteers face many situations that are often difficult to handle. They may want to learn more effective ways of dealing with these situations as well as validating some of their current methods.

As a result of some of their experiences, Volunteers may feel stress, frustration, and a need for emotional release and support. This support can be provided by staff, although it is more likely that they will seek it from other Volunteers. Providing Volunteers with increased skills in peer counseling will enhance their ability to provide such support.

This workshop is a one-day, intense introduction to safety precautions, assertiveness training, and peer counseling. In order to sucessfully conduct this workshop the trainers will need to be familiar with the materials, skilled in peer counseling and familiar with the host country.

TOTAL TIME: 1 1/2 days

GOALS: Part One -

To increase participants' awareness of personal safety in the U.S. and in the host country.

To examine personal safety strategies looking at cultural similarities and differences.

To develop more culturally effective ways to handle situations which are typically difficult for Volunteers.

Part Two -

To better understand some of the needs and reactions of people who have been victimized.

To develop or enhance current skills in peer counseling.

Part Three -

To develop materials/guidelines for information which should be made available to trainees during training.

TRAINER PREPARATION:

1. Familiarize yourself with the materials to ensure easy discussion of topics.

2. Arrange any logistical situations to allow for a large room, chairs, flipcharts, refreshments, and lunch.

3. Brief country staff and other trainers on their roles and responsibilities during this workshop. They will need to provide country-specific information and interpret some non-verbal behaviors. Be sure you have host country representatives participating.

4. Prepare newsprint.

MATERIALS NEEDED:

1. Handouts 1 through 9
2. Markers and Newsprint

PROCEDURES: Part One -

TRAINERS' NOTE: This may be done as an evening session prior to the full day conference, or as the first part of the morning activities. Either way it is to introduce the participants to the workshop, clarify expectations, and begin to release some of the emotions which may be associated with this workshop.

Welcome and Goals of Workshop

1a. Welcome participants and introduce the trainer(s) and guests. If you feel the group needs an icebreaker, choose one you are most comfortable leading.

1b. Ask participants to briefly explain what they expect from the workshop. List these on newsprint to compare them with the goals. [10 min]

1c. Share with them the outline of the workshop and goals. Highlight which, if any, of their expectations will not be met.

Introduction to Session

2a. Set tone of workshop by stressing that safety is something that we have all thought about and handled in the U.S. A sample intro follows: [5 min]

"Safety is something we read about, we learn things not to do and to do; and we internalize messages throughout our lives.

The way we deal with a situation (uncomfortable ones and risky ones) is culture-specific. For example, when someone solicits money in the States, you may respond by saying "I don't wish to contribute" or "I don't have any change." In Mauritania you say "God will provide for you." Both ways clearly tell the person no. (Provide an example you are comfortable with.)

We learn how to handle situations from our parents, media, stories, and by trial and error. By the time we are adults we know pretty much how to deal with them.

Entering a new environment may temporarily throw us for a loop as some of our ways of dealing with situations may not work. For example, eye contact in a small town will not get the same results as in New York. We need to relearn some of the culturally appropriate ways for dealing with situations."

2b. Conclude by acknowledging that the participants have begun to understand how to handle their personal safety in the host country. This workshop will allow them to examine what they have learned and increase their skills in handling situations which are difficult or threatening.

[20 min]

Participants' Experiences

3a. Ask participants to work in small groups (five to six people) to identify the situations which a) have made them feel most threatened during their service and b) have been most frustrating to them.

These situations should be put on newsprint and posted so others can review them.

TRAINERS' NOTE: This activity can generate emotional responses of anger, frustration, or both. The small group is an opportunity to discharge some of the emotional response and share similar situations. You do not want it to get out of hand, but allow enough time for some discussion and exchange to take place. The workshop will be covering strategies for dealing with the most threatening situations and the most frustrating situations. You will need to let the participants know you will be returning to these situations.

[5 min]

3b. After the groups post their lists, compare and discuss any similarities and differences. Explain that the workshop will be looking at precautions to take for the threatening situations, and strategies for handling the most frustrating situations. Bridge to the next activity.

Personal Safety Precautions

4a. Explain that there are obviously unpredictable or uncontrollable situations, but for the most part there are precautions we can take to reduce the risks from threatening situations.

4b. Ask participants to break into two groups and generate advice they would give to new Volunteers entering the host country. The advice should cover the following areas: [30-40 min]

Sample Flipchart

* Traveling on public transport * Looking for a living situation * Meeting new people * Shopping * Walking in the cities and anything else that may have been mentioned as threatening

Their advice should be listed on newsprint so it can be compared.

Have host country representatives participate in the small groups, adding any culturally specific ways of handling these situations.

4c. Have participants post and compare their advice. Point out similarities and differences.

4d. Lead a discussion on the following questions.

* Now that you've been here and feel "at home" in (host country), how did it feel to be giving someone advice on how to be safe? [10 min]

* How are new Volunteers more at risk than you are?

Give handout 1 as a summary of advice given to new Volunteers.

TRAINERS' NOTE: You are looking for a discussion on how to balance caution with an appreciation of the culture and experience. Volunteers do not want others to be paranoid, but they do want them to be cautious. It will take time, discussion, and observation to learn which situations to avoid and which ones are okay.

4e. Summarize this part by explaining that some concrete behaviors can reduce the risk of personal assault. However, there [5 min]

are some situations which are not as easily handled by putting a lock on a door or not walking down a street. These situations are more often interpersonal.

TRAINERS' NOTE: If this is an evening session you can break here and explain what will be covered during the next day's session. If you are doing this as part of the first day, this is a convenient place to break.

-BREAK-

Social and Work Situations Which May Be Problematic

[5 min]

5a. Explain that the precautions discussed earlier are helpful for specific threatening situations. However, the more frustrating and awkward situations are not the ones handled by a lock or some other prevention. These are interpersonal situations which may involve work or social relationships. They are dealt with by presenting ourselves verbally and non-verbally.

[10-15 min]

5b. Distribute handouts 2 and 3. After participants read the critical incidents, ask the following:

* Were these situations similar to any they have faced?
* How would they/did they feel in these situations?
* What contributed to these situations?

TRAINERS' NOTE: The situations result from the Volunteers' inability to effectively set limits on what is acceptable behavior and what is not. This involves being able to assert themselves. Elicit this information from trainees and use it to bridge to next step.

Reasons Why We Don't Assert Ourselves

6a. Explain that had Joe and Julie been able to say no without feeling guilty, or been able to explain what was important for them, the situation may not have grown to be so awkward.

6b. Share with participants some of the reasons why Joe, Julie, and all of us may have difficulty asserting ourselves. [5 min]

* not wanting to hurt someone's feelings
* wanting to fit in/be accepted
* different expectations
* feeling inferior
* mixed messages being given
* self-doubts
* not knowing how to
* not wanting to appear rude/angry

TRAINERS' NOTE: If you are not familiar with this material, read some of the background articles so that you will be able to explain this to participants.

Assertion vs Aggression

7a. Explain that there are three ways of handling situations: non-assertively, assertively, and aggressively. Each one may be appropriate in certain situations. However, the Volunteer needs to know which one is most appropriate for different situations, and how to act in these different ways.

7b. Explain that there is a difference between asserting oneself and acting aggressively. Many people think that if they are assertive they will be perceived as aggressive. Briefly explain the differences: [10-15 min]

ASSERTIVE: Describes occasions in which individuals stand up for themselves in ways that do not violate others' rights. It means respecting oneself; valuing oneself and treating oneself with as much intelligence, consideration, and good will as any human being deserves.

NON-ASSERTIVE: Means giving up one's rights in deference to others.

AGGRESSIVE: Describes occasions in which people stand up for their rights in ways that violate others' rights. Usually results in a put-down of others.

7c. Have participants provide examples of each type of behavior to ensure they recognize the difference.

TRAINERS' NOTE: Participants may feel that aggressive behavior is appropriate in some situations. This is true. However, they should be made aware of the consequences of aggressive behavior as well as non-assertive behavior. Demonstrate that if they wish to maintain, or if they must maintain, a relationship with a person, assertive behaviors may be more appropriate. Aggressive behaviors tend to terminate or detract from establishing a mutually respectful ongoing relationship.

6d. Share handout 4, "Assertive Rights", and ask for any reactions.

[5 min]

6e. Explain that these concepts are universal people can be assertive, non-assertive, or aggressive in any culture. The components of being assertive may change from culture to culture.

[5 min]

6f. Ask participants to review Joe and Julie's situations and discuss how they might handle the situations assertively.

Role Playing Assertive Behavior

[30 min]

7a. Have participants list our situations in which they would like to be more assertive or take situations they listed as being frustrating and use them for the role plays.

7b. Have participants work in small groups and role play the situations identified in 7a. Encourage them to role play and solicit assistance from others in the groups and especially from host country representatives.

TRAINER'S NOTE: Be supportive to the volunteers who role play and be willing to show how the situations could be handled assertively.

Non-Verbal Behaviors - Their Impact on Our Assertiveness

8a. Stress the need for non-verbal messages which are consistent with the assertive verbal messages. If a Volunteer is telling someone that he or she does not want to sleep with them, and yet his/her body language or social behavior is incongruent with this message, then the self-assertion is less effective. [3 min]

8b. Acknowledge that participants have a good understanding of some behaviors which could be sending off mixed messages to community members. While in their small groups, have them list out advice they would offer new volunteers regarding these behaviors. Have host country representatives comment on the behaviors identified and add any that are not mentioned. [20-30 min]

TRAINERS' NOTE: See the sample of these behaviors, Attachment A. If participants are unclear as to what behaviors you are referring, provide them with a few examples.

9c. After they have completed listing their advice have them post the lists. Review them and ask the following: [5 min]

* Are there any major disagreements?
* How did they learn about these behaviors and what might they mean in the host country?

9d. Have participants reflect on whether they have found themselves demonstrating any of these behaviors and ask themselves if this could be contributing to any frustrations and/or problems they may be experiencing in their communities.

9e. Stress that everyone may at some time demonstrate some of these behaviors and that it does not ruin their work as a Volunteer. They do, however, need to be aware of the reactions to these behaviors and decide which ones, if any, they want to change. [5 min]

Changes they do make are made consciously and for a purpose. They are not irreversible and permanent.

They have an equal right not to assert themselves or to act aggressively if they feel the need. Again, these behaviors cost the Volunteer something -- people will come to mistrust them, avoid their company, etc., if they use these behaviors consistently.

Summary

[5 min]

10a. Summarize what they have discussed to this point:

* Safety is a universal concern
* Precautions and ways of dealing with safety are culturally specific.
* Social and work situations may be difficult or uncomfortable because Volunteers are not asserting themselves, and/or are sending out mixed messages which complicate the situations.
* Volunteers have the right and power to change whatever behaviors they so choose to change. If they do not choose to change, they need to be aware of the possible consequences of those behaviors.

10b. Bridge to the next part by explaining that sometimes, even when we take precautions and try to handle ourselves in culturally appropriate manners, we may still find ourselves victims of an assault or involved in personally stressful situations. At times like these it is important to have someone to talk with, someone who understands what we are going through and who knows how to help.

The next part of the workshop will look at common reactions of victims and peer counseling, or how we can be effective support systems for each other.

END PART ONE

Part Two

Introduction

1a. Introduce this part by mentioning that all of us may experience some type of victimization. Some of us may already have experienced it. Our reactions will depend on our personal styles of dealing with problems. However, there is some research that shows common reactions to victimization. [10 min]

1b. Divide pariticipants into two groups and give each group a different case study. Handouts 5 and 6.

1c. Have the groups read the case and list their reactions to the situations. How would they feel if they were Jack or Amy?

1d. Compare the similarities and differences, recognizing the similarities even though the situations are different. [10 min]

Stress that it is important to recognize that someone's reaction to a situation of verbal assault may be similar to someone's reaction to a rape. When providing support it is important not to negate a reaction by saying, "Well, that isn't so serious, it could have been worse."

1e. Distribute Handout 7, "Common Reactions to Assault". Point out the similarities. [10 min]

1f. Explain that regardless of the problem, people need to talk to someone who can understand and help them sort out feelings, problems, and options.

Discuss the idea that just because someone wants to be of help doesn't mean they are helpful -- it takes more than just talking.

Peer Counseling

2a. Ask what comes to mind when you mention peer counseling. Take some responses -- make sure that participants understand the difference between peer counseling [5 min]

and therapy. They will not be doing therapy; they are equals and helpers but not trained therapists.

2b. Explain that peer counseling is a way of helping a friend, by using specific skills and techniques. It is not a mutual gripe session and it is not a time to tell your story.

[10 min]

2c. Peer counseling operates from the premise that the person seeking help has answers to their own problem, they just need to talk to someone who can help them discover those answers.

It uses techniques which help the person

state the problem;
clarify their feelings;
identify what they think about the problem;
look at their options;
decide on some plan of action.

Components of a Helping Relationship

TRAINERS' NOTE: If you are not experienced with this material, enlist the assistance of someone who is. There are suggested articles to read as background materials; use them to draw out the following discussion points.

[5 min]

3a. Ask the group to explain the characteristics of a helping relationship.

* positive regard
* respect
* trust
* warmth and caring (not "taking care of")
* absence of judgement

3b. There is more to a helping relationship than just these components. There is a process which makes it easier for the one being helped to solve his/her problem.

The Awareness Wheel

4a. Use the awareness wheel (handout 8) as a process for structuring and helping the helpee. (Put information on flipchart and use in discussing the awareness wheel.)

TRAINERS' NOTE: The awareness wheel is a communication tool which shows complete communication; it is useful in demonstrating a problem-solving process. If you are not familiar with this tool or for other reasons wish to, you can use another problem-solving tool with which you are familiar. The purpose is to help someone through the complete cycle, looking at what the situation is (SENSING), what they think about the situation (THINKING), what they feel about it (FEELINGS), their intentions for the situation or what they would ideally want (WANTINGS), and finally what they plan to do (DOINGS).

4b. Stress that although they are helping someone through this process they are: [5 min]

* not to lead them to a predecided conclusion - a person must reach his/her own conclusions.

* not to rush someone through the cycle - each person should progress at his/her own pace. Some people have the tendency to jump to a plan of action without going through the other steps. They should be encouraged to complete all the steps.

4c. Distribute handout 8. Ask for any questions.

Skills for Helping

5a. Explain that there are skills both verbal and non-verbal which one uses to help another person.

5b. Conduct a brief demonstration of one helping relationship in which the helper is anything but helpful. You (the trainer) should play the helper. [5 min]

TRAINERS' NOTE: Things to do in this demonstration are: show body language which communicates disinterest, distracting mannerisms, tone of voice which is impatient, inattentive eye contact. Show verbal behavior which interrupts the helpee, negates the helpee's feelings and situation, gives quick advice, adds your own irrelevant story.

Summary/Notes

[5 min] 5b. Ask the participants to identify what you did verbally and non-verbally to detract from the helping relationship. -

[5 min] 5c. Conduct another demonstration, but this time demonstrate all of the correct behaviors.

Sample Behaviors

Non-verbal

Affirmative head nod
Facial expressions of interest/concern
Spontaneous eye contact
Physical contact
Leaning toward someone

Verbal

"Mmmm"
"I see, tell me more"
"I'd like to hear about it"
Paraphrasing
Summarizing
"What do you think?"
"Have you thought about..."
"How are you feeling about it now?"

[5 min] 5d. Summarize by mentioning things to avoid:

Lecturing	Prying
Advice-giving	Topping their story
Judgement	Warning
Denial	Blaming

[30-40 min] Practice in Peer Counseling

6a. Explain that these skills are developed; they don't come over night. Ask participants to divide into groups of three - a helper, a helpee, and an observer.

6b. Distribute handout 9, "Helping Skills," and explain that each person will be playing all three positions during this practice time. When they are helping they should try to remember the behaviors discussed. When they are observing they should note what behaviors are displayed and provide suggestions and critcism of their helping behaviors.

Stress that when they are playing the helpee, they should pick problems that are real. That way they will have more information upon which to draw during the role play.

Allow 10 minutes for each person to role-play and receive feedback.

6c. After they have completed this activity ask them what was most difficult for them in each role, and what was easy in each role. [10 min]

6d. Summarize by reminding pariticipants that these skills require practice. Encourage them to read more in this area and to talk about it when they get together.

6e. Bridge to Part Three of the workshop by mentioning that they have reviewed a lot during this workshop. Combine this with their vast experience and they have much to offer new Volunteers. Part Three will give them an opportunity to channel some of this experience into useful information for incoming Volunteers.

- BREAK-

Part Three

Introduction

1a. Explain that many Volunteers want an opportunity to pass on their knowledge to incoming Volunteers. The next hour will help them do just that. It will be a time to learnt how they can pass information on to new Volunteers. [5 min]

1b. Mention that there are many possibilities. Some countries develop handbooks on safety advice, cultural training sessions involving Volunteers, slide shows on Volunteer lifestyles in the country, etc.

Volunteer Activities

2a. Ask them to list areas in which they would like to develop more information for new Volunteers, e.g., safety information for new Volunteers. [5 min]

2b. After they have listed the areas of interest, ask them to divide into groups according to their personal interests. interests.

In these groups they will be discussing: [45 min]

- o the type of information, activity or skill they want to pass on;
- o how they want to develop this material; and
- o individual responsibilities for following through on the tasks.

2c. When they have completed the group work, have each group give a brief summary of what they will be doing and how.

Conclusion [5 min]

1a. Recap the day, briefly mentioning the topics and activities.

Post again the goals and check with participants to make sure they were met. If they were not, ask why. Ask how they could follow up.

1b. Distribute evaluation forms and ask participants to provide suggestions for future such workshops.

Attachment A

SAMPLE SITUATIONS FOR STEP 9.b

The following are sample situations that in some countries would be inappropriate and would inadvertently send undesired messages to HCNs. When developing situation for your country, be sure to 1) keep them short (one or two sentences) and 2) keep them descriptive. They are not rules, but examples of behaviors that Volunteers need to look at and possibly avoid. The trainees should be able to examine the situation for possible non-verbal messages that are being communicated.

SAMPLES:

1. A female PCV hitchhiking gets into the back of a truck filled with men.

2. A male and female PCV are holding hands while walking downtown.

3. A female PCV lives in a village where a lot of PCVs transfer on their way into the capital. Since this often involves staying overnight, she opens her house to them. As a result she has numerous male Volunteers spending the night at her house.

4. Two female PCVs go to the local bar for a quick drink after work.

5. Several PCVs are dancing and having a good time at the local bar. Some of the women enjoy dancing and have spent the evening dancing and drinking with a couple of the local men.

6. A male PCV goes into the local bar to talk with some friends, and finds he spends the whole evening drinking and joking about women and sex.

7. A female PCV is used to jogging/walking in the early evening hours, so at sunset she takes long walks along the village road.

ATTACHMENT B

WORKSHOP EVALUATION FORM

This session had been part of an agency pilot of training materials on Personal Safety. Please take a few minutes to complete the following questions. We welcome your comments and suggestions.

Thank you

1. How appropriate did you finds this session?
   1 - Not at all appropriate
   2 - Not very appropriate
   3 - Average
   4 - Appropriate
   5 - Very appropriate

2. Did you find the materials to be interesting?

3. What would have made it more interesting? or more appropriate?

4. What was helpful to you?

5. Would you recommend that others participate in the same session?

   Who would you recommend attend?

6. What would you change if you were able to change the session and offer it to another group?

7. What, if anything, did the trainer do that...
   enhanced the session_____
   _____

   detracted from the session_____
   _____

8. Please add any comments regarding the material, the design, or the trainer.

Please use the back for additional room.

HANDOUTS

HANDOUTS FOR
PRE-DEPARTURE DESIGN ON
GENERAL PERSONAL SAFETY

SESSION I

CRITICAL INCIDENT

_____ is participating in a program that
(name from host country)
sends students, for 6 months to 2 years, to study in the U.S. She/he has never been to the U.S. and is eagerly anticipating her/his stay in New York, where she/he will be studying.

You will be meeting _____ the first week after her/his arrival and have been asked to brief her/him on living in New York. One of the issues you feel strongly about is safety and how to help _____ settle into her/his new neighborhood.

Knowing that part of _____ purpose in coming to the U.S. is to learn more about the people and their culture and that she/he is very enthusiastic to meet and work with her/his new found friends, what advice would you give her/him concerning the following.

SELECTING A HOUSE/APARTMENT:

TRAVELING ON PUBLIC TRANSPORTATION:

SHOPPING IN THE MARKETS/STREET VENDORS/STORES:

MEETING NEW PEOPLE/FRIENDS:

SECURITY PRECAUTIONS TO TAKE:

1) AT SCHOOL -

2) AT HOME -

3) ON THE STREET -

OTHER ADVICE YOU WOULD GIVE _____

Session I
Handout 2

VOLUNTEERS' ADVICE TO NEW VOLUNTEERS

This information was generated by Kenyan Volunteers during a session on personal safety. Although some of this information is specific to Kenya, much of it can be useful to all Volunteers.

Advice Exchanged Among PCVs:

There was a feeling of concern for one another's welfare and a lively exchange of information and suggested coping mechanisms for dealing with the problems of housing, theft, assault, special male/female issues, etc. Advice to new PCVs comingled with recommendations to those who had been in-country for some time.

- Don't take for granted that people are friendly and can be trusted
  - be wary of new acquaintances here just as you would be in the U.S.
  - be wary of people who rush to approach you or shower you with compliments
- Take your time
  - establish relationships slowly
  - don't feel you must be liked by every Kenyan
- Get to know people in your village or area who can identify safe and "bad" areas and who will support you
  - may not be supervisor or other Kenyan teachers
  - usually can trust farmers, students, headmasters, mamas
- Don't bring unnecessary items which can be stolen
- Don't flaunt possessions
- Don't place articles near window where they can be "hooked"
- Don't be obvious about leaving
- Do be obvious about locking doors - always lock
- Employ askari or get a dog
- Hire a house-sitter or lock possessions in a safe place
- Ask neighbors to watch house
- COS is a time when Volunteers get ripped off
  - suggest you give a later COS date to the public
- Don't lend money
- Don't dress and act like a tourist

- Remember dress code varies from area to area
  - tribal dress (and undress) is not acceptable for PCVs - or even Kenyans outside that tribe
  - women were told in the U.S. not to wear pants - this was true for teachers, but extension workers were thought to be stupid because they did not wear them for working in the field and riding cycles.
- Don't open the door at night to anyone you don't know well
- Don't let male counterparts in your house at night under any circumstances if you are a woman
- Don't be promiscuous at your site
- Avoid dark, unsafe places and walking alone. Consider carrying a weapon at night.
- Beware of people bumping or pushing you
- Be aware of tactics used by cons, money changers, "scams"
- Avoid crowded buses if possible
- Don't go out in the city with only one other person or alone at night
- Carrying excess baggage is an invitation to be ripped off
- Don't carry valuables, even in a pack
- If you must carry money, keep it close to body or concealed
  - in front pocket
  - in bag clutched in front of you
  - in "boob-bag"
  - if money is concealed, you might carry 5 shillings in a pocket so thief is not tempted to dig deeper
  - carry correct money for bus, etc., in hand so as not to reveal money source
- Don't hitch-hike after dark - and be very careful hitch-hiking at all times
- If you get caught away from home at night, don't travel alone; pay for lodging
- If you are victimized and decide to report to police, take someone with you as witness and advocate (especially if issue is sexual assault or rape)

HANDOUTS FOR
IN-COUNTRY DESIGN ON
GENERAL PERSONAL SAFETY

SESSION II

Session II
Handout 1

VOLUNTEERS' ADVICE TO NEW VOLUNTEERS

This information was generated by Kenyan Volunteers during a session on personal safety. Although some of this information is specific to Kenya, much of it can be useful to all Volunteers.

Advice Exchanged Among PCVs:

There was a feeling of concern for one another's welfare and a lively exchange of information and suggested coping mechanisms for dealing with the problems of housing, theft, assault, special male/female issues, etc. Advice to new PCVs comingled with recommendations to those who had been in-country for some time.

- Don't take for granted that people are friendly and can be trusted
  - be wary of new acquaintances here just as you would be in the U.S.
  - be wary of people who rush to approach you or shower you with compliments

- Take your time
  - establish relationships slowly
  - don't feel you must be liked by every Kenyan

- Get to know people in your village or area who can identify safe and "bad" areas and who will support you
  - may not be supervisor or other Kenyan teachers
  - usually can trust farmers, students, headmasters, mamas

- Don't bring unnecessary items which can be stolen

- Don't flaunt possessions

- Don't place articles near window where they can be "hooked"

- Don't be obvious about leaving

- Do be obvious about locking doors - always lock

- Employ askari or get a dog

- Hire a house-sitter or lock possessions in a safe place

- Ask neighbors to watch house

- COS is a time when Volunteers get ripped off
  - suggest you give a later COS date to the public

- Don't lend money

- Don't dress and act like a tourist

- Remember dress code varies from area to area
  - tribal dress (and undress) is not acceptable for PCVs - or even Kenyans outside that tribe
  - women were told in the U.S. not to wear pants - this was true for teachers, but extension workers were thought to be stupid because they did not wear them for working in the field and riding cycles.
- Don't open the door at night to anyone you don't know well
- Don't let male counterparts in your house at night under any circumstances if you are a woman
- Don't be promiscuous at your site
- Avoid dark, unsafe places and walking alone. Consider carrying a weapon at night.
- Beware of people bumping or pushing you
- Be aware of tactics used by cons, money changers, "scams"
- Avoid crowded buses if possible
- Don't go out in the city with only one other person or alone at night
- Carrying excess baggage is an invitation to be ripped off
- Don't carry valuables, even in a pack
- If you must carry money, keep it close to body or concealed
  - in front pocket
  - in bag clutched in front of you
  - in "boob-bag"
  - if money is concealed, you might carry 5 shillings in a pocket so thief is not tempted to dig deeper
  - carry correct money for bus, etc., in hand so as not to reveal money source
- Don't hitch-hike after dark - and be very careful hitch-hiking at all times
- If you get caught away from home at night, don't travel alone; pay for lodging
- If you are victimized and decide to report to police, take someone with you as witness and advocate (especially if issue is sexual assault or rape)

Session II
Handout 2

Critical Incident: Possible Sexual Overtures by Host Country Supervisor to Female PCV

Julie was an agronomist assigned to work on an agricultural experimental research station. She had been at the research station for about six months and was getting along fine. She had identified and was starting some research trials on improved pasture grasses that could hold great promise for improving the local pastures of the farmers.

In undertaking the research program for improved grasses, she had received a lot of assistance and encouragement from her host country supervisor. Requests for field space, equipment, seeds, field labor, research texts, and the assignment of a co-worker had all been met. Julie was rally satisfied with her host country support. She had everything she basically needed to conduct quality field trials of the improved pasture seed she had identified.

Several times, her supervisor had taken her to lunches which lasted longer than her co-workers' lunch period. While Julie was grateful for the opportunity to build rapport and share ideas with her supervisor, she at times felt that she was being overly favored. This worried Julie for a couple of reasons. One, she wasn't sure how her other co-workers were feeling toward her and how they perceived the long lunches away from the office. And, two, although she had no real indications, she did wonder if her supervisor had any amorous inclinations toward her. Since her supervisor was married and had three kids, she decided not to be overly concerned or jump to any unfounded conclusions. Also, her supervisor was one of the few people who seemed to relate to her academic background and training. He enjoyed their luncheon conversations for the exchanges they had on cultural and social differences between the U.S. and his country. Overall, it seemed to be a fair exchange and fit the Peace Corps goals of cross-cultural interchange. Julie decided her worries were not worth stopping the luncheons. This seemed to be borne out in the next few months.

Julie and her supervisor had three more lunches together. The conversation topics of these lunches were basically the same as the others, although some comments were made about home life problems, including a less than satisfying traditional marriage about which Julie expressed some sympathy. Her supervisor seemed gratified that she could understand his problems and stated it was because of the difference between U.S. culture and his country's culture regarding women that she could understand.

As Julie's experimental trials progressed, she found that her supervisor found excuses to be with her more and more. This was making Julie somewhat ill at ease, as much for the favored-status before her co-workers as for any other overtones the increased attention might have.

To cut down on the amount of contact time, Julie found excuses for not accepting new lunch offers and kept her co-worker closely involved with her at most times. This seemed to work pretty well for keeping things on the safe side. Spending more time with her co-worker, she discovered that the all-male staff was making unfavorable, joking comments about her close relationship with the supervisor, such as "The American woman's belly must be growing by now". Julie didn't get publicly angry but told her co-worker there was no truth in the suspicions of the others. She knew her comment would be fed back to those who were talking.

Julie realized that she was clearly on thin ice to maintain a professional image. She was wondering how to handle the situation. On the one hand, she did value the support and social time with her supervisor; however, on the other hand, she was afraid of an outright advance being made by her supervisor. To complicate things, the next month she and her supervisor were scheduled to go to a conference relating to her work. Julie was really wondering what to do.

Critical Incident: Social/Sexual Pressure Encountered by a Male PCV Relating to His Community Acceptance and Identity

During PST, Joe learned that local bars were a good place to meet the local men and become known and accepted into the local community. The male trainers in Joe's training program said they often went to a local bar at night to socialize and to get local people interested in their Peace Corps projects. All the trainers encouraged this avenue for meeting local men; however, the female trainees were strongly discouraged because it was not generally accceptable to the local community for a woman to socialize at night in a bar.

Shortly after arriving at his post, Joe went to once of the more popular bars in his local town. At first, Joe felt a little uncomfortable in the bar, being new and not knowing anyone. After a couple of drinks, Joe relaxed and found himself engaged in conversation with a couple of other men.

As the evening progressed, drinks were exchanged and Joe felt that he was doing fine on his first visit to a local bar. At the end of the evening, Joe sensed that he had made a good start toward gaining the friendship of the men with whom he had been drinking. As Joe was saying good night, he noticed that the men quickly conferred among themselves, and then one of them asked if he wanted a woman for the night. Joe was a little surprised but, since he was not interested, declined. The men pressed him several times, saying he must want a woman. Joe was feeling a bit embarassed but really did not want to accept their offer. Finally, one of the men relieved the situation by saying Joe must be really tired; could he meet them the next night? Joe said yes, and a hearty good night was said all around.

The next evening, Joe went again to the same bar and found his new friends waiting for him. Everyone enthusiastically received him. Joe was very gratified by their open friendliness and was pleasantly surprised at his quick acceptance. Again, an evening of drinking and camaraderie was enjoyed by all. When Joe was ready to leave, the same offer as the evening before was made. One of the men was heard to say, "Tonight we'll find out what the American can do." Joe was very uncomfortable and he felt the pressure mount. However, he really did not want to go down to the "red light district". Joe tried to decline, but hear other comments ranging from "He's too shy" to "Do you think he's one of those?". Joe was feeling very anxious and very uncomfortable.

Assertiveness Rights*

Fundamental to a proper level of assertiveness is a belief in these basic rights:

1. Assertive people believe that individuals have the right to be treated with respect. They value others as well as themselves and desire fairness in interpersonal relationships. They feel that personal relationships are damaged when one tries to control others through guilt, hostility, or intimidation. Individuals who demean others also demean themselves; everyone loses as a result.

2. Assertive people think that individuals have the right to promote their dignity and self-respect, as long as the rights of others are not violated in the process.

3. Assertive people believe individuals are entitled to defend themselves. They consider that when people frequently subordinate or relinquish their rights, others take advantage of them. When individuals express their honest thoughts and feelings directly and appropriately, everyone benefits.

4. Assertive people encourage others to express their ideas. In fact, they believe that not letting others know one's thoughts is a form of selfishness, because personal relationships can only become truly meaningful when individuals openly share their ideas.

5. Assertive people believe that individuals have the right to express their feelings about how other's behavior affects them. By verbalizing how they perceive other people's behavior, assertive people let other know where they stand -- and give them opportunity to change. Not letting people know how one feels about their behavior is just as inconsiderate as not listening to their thoughts and feelings.

6. Assertive people consider that individuals have the right to make their needs known. When someone else feels downtrodden, put-upon, mistreated, or indignant, assertive people believe he or she has the right to attempt to rectify the situation and to seek personal satisfaction. By allowing others to acknowledge their own needs, assertive people feel good about themselves and gain self-respect, as well as that of others.

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* Taken from Management Review, August 1982

8. Assertive people believe individuals have the right to choose whether or not to change their behavior to please others, and the right to say "no" without feeling guilty. They want to be liked by others but are not seriously upset if they are not.

9. Assertive people even believe that individuals have the right not to assert themselves at times. People are entitled to establish their own priorities, to make mistakes, to suffer the consequences, and to be the ultimate judges of their own actions.

The key to developing responsible assertive behavior is realizing and accepting these rights. Although rights have limitations and bring with them responsibilities, accepting assertive rights is crucial to the process of expanding human potential.

HANDOUTS FOR
PRE-DEPARTURE DESIGN ON
RAPE AND PERSONAL SAFETY

SESSION I

CRITICAL INCIDENT

_____ is participating in a program that sends
(name from host country)
students, for 6 months to 2 years, to study in the U.S. She/he has never been to the U.S. and is eagerly anticipating her/his stay in New York, where she/he will be studying.

You will be meeting _____ the first week after her/his arrival and have been asked to brief her/him on living in New York. One of the issues you feel strongly about is safety and how to help _____ settle into her/his new neighborhood.

Knowing that part of _____ purpose in coming to the U.S. is to learn more about the people and their culture and that she/he is very enthusiastic to meet and work with her/his new-found friends what advice would you give her/him concerning the following.

SELECTING A HOUSE/APARTMENT:

TRAVELING ON PUBLIC TRANSPORTATION:

SHOPPING IN THE MARKETS/STREET VENDORS/STORES:

MEETING NEW PEOPLE/FRIENDS:

SECURITY PRECAUTIONS TO TAKE:

1) AT SCHOOL -

2) AT HOME -

3) ON THE STREET -

OTHER ADVICE YOU WOULD GIVE _____

Myths and Realities of Rape

In the United States, many of the attitudes and laws concerning rape are beginning to change from viewing the victim as somehow responsible to viewing this act as a crime. Medical care is also improving. However, most Americans have grown up with conscious or unconscious awareness of many common myths concerning rape. The more common of these, along with the facts based on U.S. statistics, are listed below:

° Myth - Sex is the primary motive for rape.

Fact - Studies show that the major motives for rape are aggression, anger, and hostility, not sex.

° Myth - Rape is an impulse act.

Fact - The majority of all rapes are planned - both the victim and the place.

° Myth - Rape usually occurs between perfect strangers.

Fact - Studies show that in most cases the assailant and the victim are acquaintances, if not friends and relatives. In many cases, the assailant has had prior dealings with the victim, for example, he may be an ex-boyfriend, a neighbor, a friend of a friend, maintenance man, or a co-worker.

° Myth - Women who are raped are asking for it. Any woman could prevent a rape if she really wanted to, since no woman can be raped against her will.

Fact - In about 87% of all rapes, the rapist either carried a weapon or threatened the victim with death. The primary reaction of almost all women to the attack is fear for their lives. Most women, even if not paralyzed by fear are physically unable to fight off a sexual assault. Submission does not imply a desire to be assaulted.

° Myth - Only young, good-looking girls get raped.

Fact - The average age of victims is between 19 and 26 years old. However, victims have ranged in age from 6 months to 97 years.

° Myth - Mode of dress, such as short skirts, no bra etc. increase a woman's chance of being raped.

Fact - Any woman regardless of dress, age or attractiveness may become a rape victim. Rapists are not out for sexual gratification and most are not sexually aroused at the time of the assault.

* Extracted from Technical Guidelines for Overseas Medical Staff; developed by Medical Services

° Myth - Rape cannot happen to me.

Fact- Rape can happen to all women, regardless of age, social class, race or personal appearance.

It is important to be aware of these myths and the facts because most Volunteers will have to resolve these attitudes in dealing with themselves, or others, as victims.

Each country carries its own cultural attitudes about rape. It is crucial that both the Medical Officer and any other staff who might deal with the rape victim be aware of both the myths and the realities of their own culture. These include views about "Western woman", such as "all Western women are promiscuous" or "Western women come to our culture because they want to make love with us". These cultural myths are powerful, but equally so is the old medical myth that a healthy adult woman cannot be forcibly raped with full penetration of the vagina unless she actively cooperates. This myth does not consider the emotional reactions, such as fear and panic, or logical reactions, such as submissiveness, to protect life. The use of weapons, fist, or threats by the offender are not acknowledged in the myth. Each Peace Corps Volunteer rape victim has reported the fear of being killed at the time of assault. This is the primary reality to keep in mind when preparing to treat a victim of sexual assault. She has just experienced a terrifying sense of helplessness with thoughts of losing her life.

Motivations for Sexual Violence. To appreciate what the victim experiences, the probable motivations of the offender must be understood. The rapist is commonly portrayed as a lustful man who is the victim of a provocative woman, or he is seen as a sexually frustrated man reacting under the pressure of his pent-up needs, or he is thought to be a demented sex fiend harboring insatiable and perverted desires. The misconception common to these views is that they all assume the offender's behavior is primarily motivated by sexual desire, and that rape is directed toward gratifying only this sexual need. To the contrary, clinical studies of offenders in the United Stated reveal that rape serves primarily non-sexual needs. It is the sexual expression of power and anger. Forcible sexual assault is motivated more by retaliatory and compensatory motives than by sexual ones. Thus, "rape is a pseudosexual act, complex and multidetermined, but addressing issues of hostility (anger) and control (power) more than passion (sexuality)."[1]

1 - A. Nicholas Groth and H. Jean Birnbaum, "The Rapist: Motivations for Sexual Violence," McCombie Ed. The Rape Crisis Intervention Handbook: A Guide for Victim Care, New York, Plenum Press, 1980, p. 18.

HANDOUTS FOR
IN-COUNTRY DESIGN ON
RAPE AND PERSONAL SAFETY

SESSION II

Session II
Handout 1

VOLUNTEERS' ADVICE TO NEW VOLUNTEERS

This information was generated by Kenyan Volunteers during a session on personal safety. Although some of this information is specific to Kenya, much of it can be useful to all Volunteers.

Advice Exchanged Among PCVs:

There was a feeling of concern for one another's welfare and a lively exchange of information and suggested coping mechanisms for dealing with the problems of housing, theft, assault, special male/female issues, etc. Advice to new PCVs comingled with recommendations to those who had been in-country for some time.

- Don't take for granted that people are friendly and can be trusted
  - be wary of new acquaintances here just as you would be in the U.S.
  - be wary of people who rush to approach you or shower you with compliments
- Take your time
  - establish relationships slowly
  - don't feel you must be liked by every Kenyan
- Get to know people in your village or area who can identify safe and "bad" areas and who will support you
  - may not be supervisor or other Kenyan teachers
  - usually can trust farmers, students, headmasters, mamas
- Don't bring unnecessary items which can be stolen
- Don't flaunt possessions
- Don't place articles near window where they can be "hooked"
- Don't be obvious about leaving
- Do be obvious about locking doors - always lock
- Employ askari or get a dog
- Hire a house-sitter or lock possessions in a safe place
- Ask neighbors to watch house
- COS is a time when Volunteers get ripped off
  - suggest you give a later COS date to the public
- Don't lend money
- Don't dress and act like a tourist

- Remember dress code varies from area to area
  - tribal dress (and undress) is not acceptable for PCVs - or even Kenyans outside that tribe
  - women were told in the U.S. not to wear pants - this was true for teachers, but extension workers were thought to be stupid because they did not wear them for working in the field and riding cycles.
- Don't open the door at night to anyone you don't know well
- Don't let male counterparts in your house at night under any circumstances if you are a woman
- Don't be promiscuous at your site
- Avoid dark, unsafe places and walking alone. Consider carrying a weapon at night.
- Beware of people bumping or pushing you
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Shortly after arriving at his post, Joe went to once of the more popular bars in his local town. At first, Joe felt a little uncomfortable in the bar, being new and not knowing anyone. After a couple of drinks, Joe relaxed and found himself engaged in conversation with a couple of other men.

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Several times, her supervisor had taken her to lunches which lasted longer than her co-workers' lunch period. While Julie was grateful for the opportunity to build rapport and share ideas with her supervisor, she at times felt that she was being overly favored. This worried Julie for a couple of reasons. One, she wasn't sure how her other co-workers were feeling toward her and how they perceived the long lunches away from the office. And, two, although she had no real indications, she did wonder if her supervisor had any amorous inclinations toward her. Since her supervisor was married and had three kids, she decided not to be overly concerned or jump to any unfounded conclusions. Also, her supervisor was one of the few people who seemed to relate to her academic background and training. He enjoyed their luncheon conversations for the exchanges they had on cultural and social differences between the U.S. and his country. Overall, it seemed to be a fair exchange and fit the Peace Corps goals of cross-cultural interchange. Julie decided her worries were not worth stopping the luncheons. This seemed to be borne out in the next few months.

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Common Reactions to Rape*

Coping Mechanisms During Rape. Burgess and Holstrom also have studied the victim's coping behavior at three points relative to the attack: during the early awareness of danger, during the attack itself, and after the attack. This ability to react often depends on the amount of time between the threat of attack and the attack, on the type of attack, and on the type of force or violence used. Initial strategies include verbal tactics, such as conversation, joking or screaming, and physical action, such as struggling, biting or kicking. If these fail, the coping task of the victim is to survive the rape despite the demands forced upon her such as oral, vaginal, and/or anal penetration.

Victims often cope during the rape itself by mentally distancing themselves from the reality of the event. Volunteers have described the whole range of internal defense mechanisms to cope psychologically with the fear produced by attack: denial ("This isn't happening to me"); disassociation ("I felt like I was at a movie watching it happen to someone else"); suppression ("This will be over in few minutes; it's not the end of the world"); rationalization ("This poor man, he looks desperate, is this the only way he knows to get sex?"). Not all coping behavior is voluntary and conscious. Some screaming and yelling is involuntary, and victims have also reported physiological responses of choking, gagging, nausea, vomiting, pain, urinating, hyperventilating, and losing consciousness.

The stressful situation is not over for the victim when the actual rape ends. She must alert others to her distress, escape from the assailant, or free herself from where she has been left. victims always are hopeful that someone will come to their aid, and they may spend time concentrating on how to obtain help. One Volunteers's fear and loneliness were heightened by the fact that passerby did not respond to her cries for help. However, after the attack when she was able to run to a group of workers, she was eventually able to convince them of her need for assistance.

By listening for the coping behaviors of the victim during the attack, the PCMO or other helper can have a therapeutic effect. Identifying the coping behavior tells the victim her behavior functioned as a positive adaptive mechanism to allow her to survive a life-threatening situation. This also helps alleviate some of the guilt suffered by victims who tend to think, "I did not do enough -- I could have done more." Affirming the coping behavior also reinforces a positive sense of self-esteem and worth. Appreciation of the fact that the victim has successfully managed to survive a life-threatening assault is a positive beginning to her long-term process of coping with the aftermath of rape.

* Extracted from Technical Guidelines for Overseas Medical Staff developed by Medical Services

Common Physical Reactions. Some physical reactions a woman may have in addition to the injuries she may have received are:

- General Soreness
- Loss of appetite
- Nightmares
- Tension headaches
- Gynecological and urinary tract problems
- Inability to sleep
- Nausea, stomach pains
- Waking up during the night and being unable to return to sleep
- Fatigue

Stages of Emotional Reaction. As noted above, the immediate physical and emotional reactions usually overlap the more long-term reactions. The longer-term reactions may be classified into three distinct phases. An understanding of these phases has many implications for the treatment of Volunteer victims.

Phase I: Acute Reaction. The first step, lasting from a few hours to a week, is characterized by feelings of numbness, a state of shock, terror, disgust, a sense of powerlessness, and humiliation. The victim is seen in a disorganized, emotionally active state, weeping, distraught, unable to think clearly or the victim is emotionally constrained with only occasional signs of emotional pressure, such as inappopriate smiling or increased motor activity.

Initially, this turmoil of emotions may be too overwhelming for her to be able to single out, identify, or recognize. Instead, she feels numb, confused, and is unable to express her feelings clearly. Any apparently calm demeanor should not be mistaken for evidence that the rape did not occur or that she is unaffected by it. Other victims may handle these overwhelming emotions in other ways. They may be hysterical - crying, laughing, screaming. Laughter should not be taken as a sign of levity - it is one reaction to severe anxiety. In these more vocal reactions, the victim may or may not be able to express her feelings clearly, but the emotions are closer to the surface.

Phase II: Outward Adjustment. This second stage, which begins about two weeks after the rape, involves an attempt by the victim to return to normal routines and place the rape in the past. This stage is often characterized by the victim not wanting to discuss the attack.

After the initial shock and chaos of the rape experience has subsided, the victim enters into a period of outward adjustment. At this time she has returned to work or school and is getting back to the normal routine of her life. She begins to resist talking about the rape, insists that it is in the past, and wants only to forget about it. Although this closure is premature, and all the feelings have not yet been expressed or understood, it is in part a healthy defense - a wish to return to normality.

Phase III: Integration and Resolution. This third stage may begin anywhere from one month to many years after the rape.

With appropriate support, the victim has found ways to integrate this trauma into her life experience. While, in general, she may have reached her pre-crisis level of functioning, she may have times of feeling again her old unresolved feelings about the rape. Sometimes her previous adjustment is shattered by a reminder of the rape - seeing the assailant in court or on the street, passing the scene of the crime. Unresolved feelings may recur following an unhappy life change such as a divorce, or several months or years of sleepless nights may finally cause the victim to decide to seek help. From their experience counseling rape victims, McCombie and Arans report that rape work, like grief work, takes approximately two years to complete, in the psychological sense of integration and resolution.

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HANDOUTS FOR
VOLUNTEER WORKSHOP ON
HANDLING DIFFICULT SITUATIONS AND
PEER COUNSELING

Workshop
Handout 1

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- COS is a time when Volunteers get ripped off
  - suggest you give a later COS date to the public
- Don't lend money
- Don't dress and act like a tourist

- Remember dress code varies from area to area
  - tribal dress (and undress) is not acceptable for PCVs - or even Kenyans outside that tribe
  - women were told in the U.S. not to wear pants - this was true for teachers, but extension workers were thought to be stupid because they did not wear them for working in the field and riding cycles.
- Don't open the door at night to anyone you don't know well
- Don't let male counterparts in your house at night under any circumstances if you are a woman
- Don't be promiscuous at your site
- Avoid dark, unsafe places and walking alone. Consider carrying a weapon at night.
- Beware of people bumping or pushing you
- Be aware of tactics used by cons, money changers, "scams"
- Avoid crowded buses if possible
- Don't go out in the city with only one other person or alone at night
- Carrying excess baggage is an invitation to be ripped off
- Don't carry valuables, even in a pack
- If you must carry money, keep it close to body or concealed
  - in front pocket
  - in bag clutched in front of you
  - in "boob-bag"
  - if money is concealed, you might carry 5 shillings in a pocket so thief is not tempted to dig deeper
  - carry correct money for bus, etc., in hand so as not to reveal money source
- Don't hitch-hike after dark - and be very careful hitch-hiking at all times
- If you get caught away from home at night, don't travel alone; pay for lodging
- If you are victimized and decide to report to police, take someone with you as witness and advocate (especially if issue is sexual assault or rape)

Critical Incident: Possible Sexual Overtures by Host Country Supervisor to Female PCV

Julie was an agronomist assigned to work on an agricultural experimental research station. She had been at the research station for about six months and was getting along fine. She had identified and was starting some research trials on improved pasture grasses that could hold great promise for improving the local pastures of the farmers.

In undertaking the research program for improved grasses, she had received a lot of assistance and encouragement from her host country supervisor. Requests for field space, equipment, seeds, field labor, research texts, and the assignment of a co-worker had all been met. Julie was rally satisfied with her host country support. She had everything she basically needed to conduct quality field trials of the improved pasture seed she had identified.

Several times, her supervisor had taken her to lunches which lasted longer than her co-workers' lunch period. While Julie was grateful for the opportunity to build rapport and share ideas with her supervisor, she at times felt that she was being overly favored. This worried Julie for a couple of reasons. One, she wasn't sure how her other co-workers were feeling toward her and how they perceived the long lunches away from the office. And, two, although she had no real indications, she did wonder if her supervisor had any amorous inclinations toward her. Since her supervisor was married and had three kids, she decided not to be overly concerned or jump to any unfounded conclusions. Also, her supervisor was one of the few people who seemed to relate to her academic background and training. He enjoyed their luncheon conversations for the exchanges they had on cultural and social differences between the U.S. and his country. Overall, it seemed to be a fair exchange and fit the Peace Corps goals of cross-cultural interchange. Julie decided her worries were not worth stopping the luncheons. This seemed to be borne out in the next few months.

Julie and her supervisor had three more lunches together. The conversation topics of these lunches were basically the same as the others, although some comments were made about home life problems, including a less than satisfying traditional marriage about which Julie expressed some sympathy. Her supervisor seemed gratified that she could understand his problems and stated it was because of the difference between U.S. culture and his country's culture regarding women that she could understand.

As Julie's experimental trials progressed, she found that her supervisor found excuses to be with her more and more. This was making Julie somewhat ill at ease, as much for the favored-status before her co-workers as for any other overtones the increased attention might have.

To cut down on the amount of contact time, Julie found excuses for not accepting new lunch offers and kept her co-worker closely involved with her at most times. This seemed to work pretty well for keeping things on the safe side. Spending more time with her co-worker, she discovered that the all-male staff was making unfavorable, joking comments about her close relationship with the supervisor, such as "The American woman's belly must be growing by now". Julie didn't get publicly angry but told her co-worker there was no truth in the suspicions of the others. She knew her comment would be fed back to those who were talking.

Julie realized that she was clearly on thin ice to maintain a professional image. She was wondering how to handle the situation. On the one hand, she did value the support and social time with her supervisor; however, on the other hand, she was afraid of an outright advance being made by her supervisor. To complicate things, the next month she and her supervisor were scheduled to go to a conference relating to her work. Julie was really wondering what to do.

Critical Incident: Social/Sexual Pressure Encountered by a Male PCV Relating to His Community Acceptance and Identity

During PST, Joe learned that local bars were a good place to meet the local men and become known and accepted into the local community. The male trainers in Joe's training program said they often went to a local bar at night to socialize and to get local people interested in their Peace Corps projects. All the trainers encouraged this avenue for meeting local men; however, the female trainees were strongly discouraged because it was not generally accceptable to the local community for a woman to socialize at night in a bar.

Shortly after arriving at his post, Joe went to once of the more popular bars in his local town. At first, Joe felt a little uncomfortable in the bar, being new and not knowing anyone. After a couple of drinks, Joe relaxed and found himself engaged in conversation with a couple of other men.

As the evening progressed, drinks were exchanged and Joe felt that he was doing fine on his first visit to a local bar. At the end of the evening, Joe sensed that he had made a good start toward gaining the friendship of the men with whom he had been drinking. As Joe was saying good night, he noticed that the men quickly conferred among themselves, and then one of them asked if he wanted a woman for the night. Joe was a little surprised but, since he was not interested, declined. The men pressed him several times, saying he must want a woman. Joe was feeling a bit embarassed but really did not want to accept their offer. Finally, one of the men relieved the situation by saying Joe must be really tired; could he meet them the next night? Joe said yes, and a hearty good night was said all around.

The next evening, Joe went again to the same bar and found his new friends waiting for him. Everyone enthusiastically received him Joe was very gratified by their open friendliness and was pleasantly surprised at his quick acceptance. Again, an evening of drinking and camaraderie was enjoyed by all. When Joe was ready to leave, the same offer as the evening before was made. One of the men was heard to say, "Tonight we'll find out what the American can do." Joe was very uncomfortable and he felt the pressure mount. However, he really did not want to go down to the "red light district". Joe tried to decline, but hear other comments ranging from "He's too shy" to "Do you think he's one of those?". Joe was feeling very anxious and very uncomfortable.

Workshop
Handout 4

Assertiveness Rights*

Fundamental to a proper level of assertiveness is a belief in these basic rights:

1. Assertive people believe that individuals have the right to be treated with respect. They value others as well as themselves and desire fairness in interpersonal relationships. They feel that personal relationships are damaged when one tries to control others through guilt, hostility, or intimidation. Individuals who demean others also demean themselves; everyone loses as a result.

2. Assertive people think that individuals have the right to promote their dignity and self-respect, as long as the rights of others are not violated in the process.

3. Assertive people believe individuals are entitled to defend themselves. They consider that when people frequently subordinate or relinquish their rights, others take advantage of them. When individuals express their honest thoughts and feelings directly and appropriately, everyone benefits.

4. Assertive people encourage others to express their ideas. In fact, they believe that not letting others know one's thoughts is a form of selfishness, because personal relationships can only become truly meaningful when individuals openly share their ideas.

5. Assertive people believe that individuals have the right to express their feelings about how other's behavior affects them. By verbalizing how they perceive other people's behavior, assertive people let other know where they stand -- and give them opportunity to change. Not letting people know how one feels about their behavior is just as inconsiderate as not listening to their thoughts and feelings.

6. Assertive people consider that individuals have the right to make their needs known. When someone else feels downtrodden, put-upon, mistreated, or indignant, assertive people believe he or she has the right to attempt to rectify the situation and to seek personal satisfaction. By allowing others to acknowledge their own needs, assertive people feel good about themselves and gain self-respect, as well as that of others.

7. Assertive people think that individuals have the right to take sufficient time to consider complex problems, to ask for information, and to change their minds when necessary. They are receptive to new ways of thinking, and do not seek pat answers or magical gimmicks to solve perplexing problems.

* Taken from Management Review, August 1982

8. Assertive people believe individuals have the right to choose whether or not to change their behavior to please others, and the right to say "no" without feeling guilty. They want to be liked by others but are not seriously upset if they are not.

9. Assertive people even believe that individuals have the right not to assert themselves at times. People are entitled to establish their own priorities, to make mistakes, to suffer the consequences, and to be the ultimate judges of their own actions.

The key to developing responsible assertive behavior is realizing and accepting these rights. Although rights have limitations and bring with them responsibilities, accepting assertive rights is crucial to the process of expanding human potential.

CASE STUDY ON AMY

TRAINER NOTE: Read the following aloud after which you can give the trainees a few minutes to reflect on what they've heard, and then answer the questions in the training design.

Amy's adjustment to her site and country had begun with training and two months at her site. She was doing well with the language and her work. While visiting another Volunteer, the two women joined two men Volunteers for a day at the beach. While the others were swimming, Amy decided to take a long walk.

On her way back a young man appeared suddenly from behind the sand hills, pulled a knife, and asked if she wanted to sleep with him. She thought it was a joke, laughed at him and tried to walk on by. He got very angry, grabbed her, pushed her to the ground, slapping her face and bruising her limbs, tore her bathing suit, and raped her. She reported later that she felt at that time as though she were watching a movie of what was happening. He told her that if she spoke to anyone about this he would kill her and that she should stay in that spot for 20 minutes. She was terrified and lay completely still for a while. When she started to get up, the man reappeared and threatened her again. He told her he would follow her and, if she told anyone, he would rape her again.

Amy lay there what seemed to her a very long time. When she got up the man did not reappear. She felt like vomiting. She walked into the water to clean herself and had a powerful urge to keep walking until she drowned. She was more ashamed than she had ever felt in her life. Gradually, she was able to think about finding her friends. It was embarrassing to walk back to the more populated part of the beach in a torn bathing suit. Her woman friend ran to her as soon as she saw Amy and put her arms around her as Amy muttered what had happened. They found a blanket. In the warmth of the blanket and her friend's arms, Amy sobbed briefly. By the time they found the other two Volunteers, Amy appeared almost calm. As the other woman explained what had happened, the men PCVs looked shocked. When they saw the strangely calm look on Amy's face, one started joking about how he had always wondered what it would be like to have sex with a stranger; the other put his arm around Amy because he noticed her trembling; he was feeling very angry at the attacker.

Jack

Jack had enjoyed the companionship of the other 27 PCTs during training but was eager to get settled at his site. The permanent house he was to occupy during his Peace Corps service had sustained considerable damage during an unusually heavy rain storm, and when Jack arrived at his site he was met by a very friendly young man who took him to a small native hotel where he could stay until his place could be made ready for occupancy.

The room in the hotel was quite small. In addition, Jack was told that should the hotel become fully booked, he would be expected to share his room with some other male guest.

Immediately, Jack realized that security might be a problem. He had brought with him his camera, guitar, an extra pair of heavy shoes, and the transistor radio his family had given him as a departing gift. Jack's new-found friend saw the possible security risk also and offered to keep his valuables safe for him until he could move from the hotel to his permanent residence.

Jack began his job and felt he had established good relationships with his supervisor and his counterparts. His language was good. He had beers in the evenings with his co-workers and could hardly wait until the time when he would have his own place and be able to invite friends in to play cards in the evenings.

After two weeks, the house was ready. Jack moved all of his personal belongings from the hotel. The next day at work, he saw his friend and told him the good news and expressed his gratitude to him for keeping his valuables.

The friend denied having ever taken the items to keep. Jack was stunned. At first he thought he had misunderstood. But his language was excellent now and there was no doubt. The friend repeated his statement that he had no knowledge of Jack's camera, radio, etc.

When Jack could not persuade his friend to admit the truth, he threatened to go to the police.

His friend replied: "I've lived here all my life - everyone knows me. You are new - no on knows you. It's your word against mine."

The following are common reactions experienced by victims of emotional and physical assault.

VERBAL ASSAULT

- anger
- frustration
- humiliation
- fear

ROBBERY

- anger
- frustration
- isolation
- guilt
- helplessness
- fear of place where assault occurred, and of similar places
- can't sleep, or wakes up and can't return to sleep

BEATING

- fear
- helplessness
- guilt, self-blame
- shame, humiliation
- anger
- betrayal
- shock, disbelief
- embarrassment
- anxiety
- nightmares
- can't sleep
- injuries
- general soreness

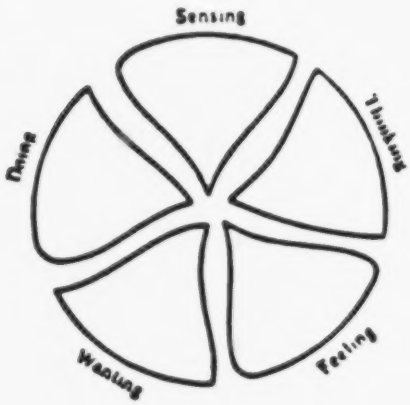
RAPE

- fear
- helplessness
- guilt
- self-blame
- shame
- embarrassment
- humiliation
- anger
- betrayal
- shock, disbelief
- loss or appetite
- nausea
- anxiety
- want to forget it
- nightmares
- can't sleep
- injuries
- general soreness
- tension headaches

Workshop
Handout 8

THE AWARENESS WHEEL
Complete Communication

I see you sitting there reading quietly (sensing) and I think you must be relaxed and contented (interpreting). I feel very happy (feeling) and I want to leave you alone so you can enjoy yourself (intending). So I leave you alone (action).



"I'm excited today" (feeling). Grabs partner and swings round playfully (action). "It must be because I'm looking forward to having you to myself all day (interpreting). When I see your eyes sparkling like this (sensing) I think you are beautiful (interpreting). I really want to be with you today (intending).

Thinking - interpretations: impressions, beliefs, conclusions, assumptions, evaluations, ideas, opinions, expectations, stereotypes, reasons.
Interpretations are not simply based on the way things are, on some outside reality; they are based on what we perceive plus our feelings, intentions, and prior interpretations.

Sensing - what you see, hear, smell, taste, feel, (in the touching or tactile sense), etc. Raw data about the world and ourselves.

Feeling - spontaneous responses to the interpretations you make and the expectations you have. Feelings serve as a barometer, help you understand your reaction to a situation. Feelings help you clarify your expectations.

pleased	confused	eager	uncomfortable
anxious	excited	weary	comfortable
calm	lonely	angry	discontented
satisfied	elated	glad	solemn
bored	uneasy	grief	apathetic
jubilant	silly	hopeful	contented
fearful	hesitant	cautious	sad
daring	surprised	proud	confident

Wanting - intentions: general attitude of moving toward or away from something. Short term intentions and long term intentions (goals).

to reject	to praise	to conceal
to approach	to defend self	to play
to support	to hurt	to explore
to persuade	to be friendly	to be caring
to be funny	to ponder	to listen
to ignore	to help	to disregard
to clarify	to accept	to share
to avoid	to demand	to understand
to cooperate	to be honest	to be responsive

Doing - action plan

BEHAVIOR CHECKLIST
NON-VERBAL ATTENDING BEHAVIOR

TRIAD MEMBERS_____

_____

_____

Behavior Observed (Check if observed)

	You as a Discussant		You as a Listener	
	Observer	Listener	Observer	Listener
A. Face and Head Movements				
1. Uses affirmative head nods	____	____	____	____
2. Face rigid	____	____	____	____
3. Calm, yet expressive use of facial movements	____	____	____	____
4. Blankly staring	____	____	____	____
5. Turning eyes away when another looks at him/her	____	____	____	____
6. Spontaneous eye movements and eye contact	____	____	____	____
7. Not looking at other when talking	____	____	____	____
8. Looks directly at other person	____	____	____	____
9. Extraneous facial movements	____	____	____	____
B. Hand and Arm Movements				
10. Spontaneous and fluid use of hand and arms	____	____	____	____
11. No gesturing (arms rigid)	____	____	____	____
12. Makes physical contact with other person (shakes hands, touches arm, etc.)	____	____	____	____
13. Uses hand movements for emphasis	____	____	____	____
14. Inappropriate arm and hand movements	____	____	____	____

	You as a Discussant		You as a Listener	
	Observer	Listener	Observer	Listener
C. Body Movements				
15. Slouching	____	____	____	____
16. Relaxed posture but not slouching	____	____	____	____
17. Sitting in fixed, rigid position	____	____	____	____
D. Body Orientation				
18. Body positioned toward other	____	____	____	____
19. Physically distant from person	____	____	____	____
20. Sits close to person with whom talking	____	____	____	____
21. Not facing other with body	____	____	____	____
E. Verbal Quality				
22. Voice quiver	____	____	____	____
23. Speech blocks or stammers	____	____	____	____
24. Lack of effect	____	____	____	____
25. Inappropriate effect	____	____	____	____
26. Too loud	____	____	____	____
27. Too soft	____	____	____	____
28. Excessive use of jargon	____	____	____	____
29. Excessive use of "psychologese"	____	____	____	____
30. Excessive use of "you know"	____	____	____	____
31. Too fast	____	____	____	____
32. Too slow	____	____	____	____
F. Have you achieved a sufficiently high level of skill to progress to Stage III?	____	____	____	____

BEHAVIORAL CHECKLIST
ESTABLISHING EFFECTIVE HELPING RELATIONSHIPS

HELPER_____

HELPEE_____

OBSERVER_____

	Observer and Helpee Feedback		Your Own Evaluation	
	Yes	No	Yes	No
1. Did the helper ask a lot of close-ended questions?	____	____	____	____
2. Did the helper ask a lot of abstract questions?	____	____	____	____
3. Did the helper ask too many questions?	____	____	____	____
4. Did the helper tend to criticize the helpee for his actions?	____	____	____	____
5. Did the helper tend to interrupt the helpee?	____	____	____	____
6. Did the helper tend to dismiss the problems or feelings of the helpee?	____	____	____	____
7. Did the helper tend to offer pat or immediate solutions for the helpee's concerns?	____	____	____	____
8. Did the helper focus his/her responses on the feelings and problems of the helpee?	____	____	____	____
9. Did the helper convey understanding and acceptance of the helpee's feelings and concerns?	____	____	____	____
10. Did the helper present himself more as an authority figure than as an equal?	____	____	____	____
11. Did the helper express any of his/her own feelings or personal experiences relevant to the helpee's concerns?	____	____	____	____
12. Did the helper tend to avoid direct questions and concerns presented to him by the helpee?	____	____	____	____

GPO 909-650

Since 1961 when the Peace Corps was created, more than 80,000 U.S. citizens have served as Volunteers in developing countries, living and working among the people of the Third World as colleagues and co-workers. Today 6000 PCVs are involved in programs designed to help strengthen local capacity to address such fundamental concerns as food production, water supply, energy development, nutrition and health education and reforestation.

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